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LECTURES

ON

DISEASES OF THE BRAIN AND NERVOUS SYSTEM,

NOW IN THE COURSE OF DELIVERY IN THE UNIVERSITY OF PARIS.

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LECTURE X.

PECULIAR VARIETIES OF CEREBRAL HEMORRHAGE.

GENTLEMEN,—We have hitherto studied only the ordinary symptoms that accompany hemorrhage of the nervous centres; we have drawn merely a general picture of the most common features of the disease. It is now time to lay before you an account of certain varieties that you will meet with in the course of practice. The nervous symptoms are sometimes complicated with others that do not seem to belong strictly to apoplexy. They are even replaced altogether by phenomena of a different nature. What are those symptoms? In what do they consist? Where are they found? Certain of them arise from accidents occurring in the nervous centres themselves, the rest depend upon disorders in the other systems.

Spasmodic Affections of the Limbs.

The first class of symptoms which we have now to examine, is that depending on some lesion of the nervous centres, or of the membranes by which they are invested. They give rise to certain derangements of motility, or of the intellectual faculties, that are not ordinarily seen in cases of cerebral hemorrhage. Thus, in some cases, we observe contraction of one or more muscles of the trunk or extremities. This is evidently not a phenomenon of hemorrhage, whose grand characteristic is the production of paralysis; it depends on an inflammation more or less intense of the cerebral matter surrounding the apoplectic cell. In other cases the limb is not contracted, but convulsed. We have seen certain examples where, in a short time after the effusion of blood, the limbs and side of the face were agitated by spasms, by convulsive movements coming on at intervals and with various degrees of intensity. These symptoms either may appear in the members affected with paralysis, or, while one side of the body is deprived of motion, the other is the seat of convulsive actions. Upon what do these phenomena, which occasionally manifest themselves as a consequence of cerebral hemorrhage, depend? Not in the effusion of blood certainly, for they are too rare. They occur too seldom to permit their arrangement under the symptoms of effusion. In many cases they are probably connected with irritation or inflammation of the nervous pulp or its membranes.

But are we to conclude on the existence of an inflammatory action in all cases where the spasmodic contractions now alluded to accompany cerebral hemorrhage? Does their manifestation justify the immediate employment of antiphlogistic measures?

Certainly not. Take care how you adopt implicitly such an idea. The most unfortunate consequences may be the result. Let us suppose a case in point:—An individual falls down suddenly, deprived of sensation and motion; he has been struck, in other words, with a violent attack of apoplexy. You bleed him copiously from the arm; the first abstraction of blood seems beneficial; but as the blood continues to flow he becomes agitated; convulsions soon make their appearance, and you are compelled to shut the vein, in order to prevent the continuance of a state which might have an unfortunate termination. This case is not certainly an exceptional one. You will frequently have occasion to meet with it in practice, but can we admit the presence of inflammation to explain the disorders of movement in the cases alluded to? No. The brain is in a condition quite opposite, and the convulsions depend, not on an excess of blood, not on inflammatory irrita-

tion, but on a partial anemia of the cerebral hemispheres.

There are certain other disorders of movement which accompany hemorrhage of the nervous centres, not as regular symptoms, but as extraordinary and rare phenomena; these also we must notice in their turn. We have rarely had occasion, indeed only three times, to see patients labouring under the symptoms of cerebral hemorrhage, who presented a peculiar phenomenon of a very extraordinary nature; these individuals were at certain moments seized with an irresistible desire to advance, to run directly forwards, and, again, at certain other instants, they experienced the same irresistible inclination to go backwards. How are we to explain this curious symptom; this strange alternation of two opposite impulses? It is difficult to find a satisfactory reason; however, we may recall to mind, as connected with the subject, the experiments made by M. Magendie to show the influence exercised by lesion of different parts of the brain upon locomotion. You may remember, that when M. Magendie removed the hemispheres of the brain behind the corpora striata, he produced the first strange derangement of motion; and when he destroyed, or took away, the whole of the cerebellum, the animal, instead of advancing, constantly retrograded. Is there anything analogous to be observed in the cases of the patients to whom we have just alluded? Have we found any special alteration in the brain, which would account for the perversion of movement which they exhibited? These are questions which it is impossible to answer in the present state of the science; we have seen only three cases of the kind, and in these three we did not see the autopsy; we are not aware that many other examples exist in the records of medicine; the disorder of movement which consists in a desire to advance or retire by turns, is, in fact, a very rare phenomenon,—at least, in turning over the various works published on disorders of the nervous system, we have been able to discover only a single fact, which we propose to cite in brief detail.

In some cases of hemorrhage of the cerebellum, the effusion of blood has occupied one of the peduncles of that organ. Now, it has been proved by the experiments of M. Magendie, that when one of the peduncles of the cerebellum is cut across, the animal, instead of constantly advancing, or retiring, as when the cerebellum is removed, shows a remarkable tendency to the circular motion; he seems incapable of getting forwards or backwards, but keeps perpetually spinning round on the same centre of motion; the body of a patient, who presented this rare and curious phenomenon during life, has been examined, and the lesion, a coagulum of blood, was found in one of the peduncles of the cerebellum. This is a coincidence highly worthy of our attention, although it has existed in one single case only; we know of no other; the case was observed and reported by M. Serres. The patient, a man, sixty-eight years of age, had been much given to the use of spirituous liquors; after an excess, he was seized with a desire to turn round and round, and when compelled to keep his bed for two months before death, the same symptom predominated; the patient, unable to walk, showed the impulse under which he laboured, by constantly turning himself from one side to another in his bed.

These are a few of the anomalous symptoms, if we may use the term, which occasionally present themselves in cases of cerebral hemorrhage; but we may meet with complications that should be noticed. Thus some patients attacked with apoplexy are at the same time agitated by

Violent Delirium.

This is certainly a complication and not a regular symptom of the disease. The delirium attending certain cases of cerebral hemorrhage, depends on the existence of inflammatory irritation in the nervous pulp immediately surrounding the apoplectic cell, or on inflammation of the meninges in its neighbourhood. In other cases, instead of agitation and delirium, we observe a state of

Somnolence

different from that which usually accompanies and characterizes hemorrhage of the brain. The patient is plunged in a deeper degree of coma; he is more insensible than is ordinarily the case, and here we commonly find, as a cause of this exaggerated somnolence, a greater or less degree of serous fluid, distending the ventricles, or shed between the membranes lining the surface of the brain, and thus exercising a general pressure upon the organ. We now pass to an examination of symptoms that depend on

Lesions of some Organ independent of the Brain or its Annexes.

We frequently have occasion to observe inflammation of various organs marching with apoplexy, and of course modifying or complicating the ordinary phenomena of that affection. These disorders may be of an acute or a chronic nature. The former generally present themselves with a physiognomy altogether peculiar: their march is very rapid, and the patient soon dies in a state of great weakness and protraction. This latter circumstance probably depends on the state of compression of the brain, which influences the reaction in distant parts of the body. Again, eschars are very readily formed in persons labouring under cerebral hemorrhage. If the patient have been confined for any length of time to bed, the cutaneous integument is very apt to suffer from gangrene: thus you have two

points to remark in connection with certain complications of apoplexy. 1st. The facility with which inflammation may be developed in several organs, and the great tendency of that inflammation to present itself with adynamic symptoms. 2nd. The facility with which the integuments are struck with gangrene in the parts exposed to pressure. These two points are of great importance in practice. They teach you on the one hand to be on your guard against the secondary affections with which your patient may be attacked, and on the dangerous character of those disorders: while, on the other hand, they direct your attention to a state of the skin which, if neglected, may give rise to disastrous consequences.

The Duration of Apoplexy

is very various. However, it is a general principle, that this disease, except in cases extremely rare, does not kill the patient on the spot. In a few instances death has taken place in a quarter of an hour after the first symptoms of effusion. In other cases, which still are to be considered as excessively grave, the fatal termination does not arrive before the lapse of one, two, four, or even six hours. All these cases are more or less rare. In a great majority the duration of the disease is longer; and, however it may be contrary to popular ideas, you may hold it for certain that sudden death is much more frequently produced by a rupture of one of the great vessels of the heart, or of the latter organ itself, than by apoplexy. Indeed, experience shows, that in several cases of sudden death, we can find nothing to explain the immediate cessation of life. We may invent hypotheses to cover our ignorance, we may have recourse to physiological explanations more or less ingenious, but laying these aside as mere conjectures, we are compelled to avow frankly that in some cases we can find no pathological lesion whatever to account for the sudden manner in which life has terminated.

Progress of Apoplexy.

The march of cerebral hemorrhage is almost as variable as its duration. Frequently the symptoms go on augmenting, and the disease progresses gradually up to the moment of death. In many other cases we do not observe this constant march from the commencement of the attack to its end. There are relapses at different times; the patient is at one period much better than another, and this alternation of amendment and recrudescence may go on for a considerable length of time; this is by no means rare: indeed, we may say that hemorrhage of the nervous centres is one of the diseases most liable to relapse. When the patient has been once attacked, he has generally one, two, or three relapses, the last terminating fatally, and hence the prognosis is in most instances very unfavourable.

Other Variations in Symptoms.

If you remember what we have said during the study of hemorrhage of the nervous centres, you will be prepared to allow several varieties of this important disease. Some of them depend solely on the seat of the lesion. Hemorrhage of the cerebrum differs from that of the cerebellum: of the cerebellum from that of the spinal marrow. Some varieties are formed by the nature of the accompanying symptoms. Thus we may have apoplexy with loss of consciousness; we may have it with a perfect preservation of the intellectual faculties,—two very different forms, you must allow, of the same affection. Again, other varieties are distinguished, not according to the presence or the absence of some great leading symptom, but according to the intensity of the symptoms in general. This latter is a good practical division, one that has been handed down to us from a distant period. Thus apoplexy has been distinguished into mild, into dangerous, and finally, into apoplexy of a middle character. This is an old distinction, and one that is useful in practice, for it leads at once to an appreciation of the most remarkable disorders. Between the two extremes of "mild" and "dangerous" hemorrhage, may be arranged all the great variety of forms which we have pointed out in the course of the two preceding lectures. Finally, other varieties refer to certain complications attending or succeeding the effusion of blood. Thus some cases are distinguished by marks of inflammation or other disorders in some portion of the nervous pulp. In other cases the seat of the complication is far from the brain, and consists in inflammation &c. of one or more of the great viscera.

TREATMENT OF CEREBRAL HEMORRHAGE.

We have now arrived at an important part of our subject,—the treatment of hemorrhage of the nervous centres. However, our observations on the point shall be concise; many of them are anticipated by what we have already said when speaking of cerebral hyperemia. The chief business of the physician in the treatment of cerebral hemorrhage is to follow and combat the accidents as they present themselves; or the treatment may be considered under another point of view, and regarded as preventive.

Venesection

is certainly the fundamental means on which we should depend. A large quantity of blood should be immediately abstracted from the system; we repeat, a large quantity, because it is important to make a sud-

den and efficacious impression on the circulation by taking away a considerable mass of the circulating fluid. In general we choose a vein for this purpose, and allow the blood to flow freely through a large orifice. The good effects of venesection may be referred to two principal circumstances; the first is, that it manifestly opposes the continuance of the hemorrhage into the nervous centres. The second effect is to remove any congestion of the cerebral substance by which apoplexy is so often attended, and thus give the patient a great chance of recovery from that accident. Again, we obtain no small advantage, by a copious abstraction of blood, from its effect in preventing the inflammation, which, as we have before said, tends to develop itself in the nervous pulp immediately surrounding the apoplectic cell, two or three days after effusion has taken place. Finally, venesection may facilitate the absorption of the coagulum, and thus hasten the patient's recovery by removing the material cause of the secondary accidents. Thus, you see, we can justify the utility of general bleeding in many respects, and you will have occasion to prove the truth of what we have said, when the active exercise of your profession shall call you to apply these principles in practice. Many authors advise the blood to be drawn by opening one of the large veins in the fold of the arm. Others, on the contrary, prefer opening one of the veins in the neck, particularly the external jugular vein; we would recommend you, in all cases, to choose the arm. You can manage this part of the body more easily than any other; you avoid any unpleasant, or even any dangerous constriction of the neck, and you are more sure of obtaining the quantity of blood you desire in a shorter time. Finally, some writers speak of choosing a vein in the foot; but this is an uncertain method of bleeding, and not accompanied with any advantages which can make us prefer it to venesection at one of the veins in the arm. Some of the older authors, and, amongst others, MORGAGNI, recommend us to bleed in the occipital veins, a method by which they say we act more immediately and certainly on the brain, but the practice is now completely abandoned.

Another question that has been discussed is the following; "On which side of the body should we bleed?" should the abstraction of blood be made on the same side of the body at which the loss of motion exists, or should we open a vein on the opposite side? All this seems of very little importance indeed: by bleeding on the side opposite the paralysis, you probably abstract blood from the same side of the body at which the effusion exists, but it is not easy to see how the state of the circulation in the brain is more influenced by this than if we took away the same quantity of fluid from the other arm: the general effects are certainly more in proportion to the rapid abstraction of blood, and to its quantity, than to the choice of one vein rather than another. We have already drawn your attention to the importance of taking away at once a *large* quantity of blood; your first bleeding should rarely fall short of a pound, and may be repeated according to circumstances: the English practitioners are in the habit of bleeding very freely; they generally abstract 20, 25, or even 30 ounces of blood at a time, and the effects of this practice seem to justify its adoption. You will find certain contradictions to bleeding freely forced by some writers; thus they say when the face is excessively pale, the countenance sunk, the habit of body feeble and meagre, we should be sparing in the quantity of vital fluid we abstract, and particularly in repeating venesection, but I think we are not to attach any importance to the circumstances just alluded to: it is absolutely necessary to arrest the flow of blood into the substance of the brain, and to dissipate any congestion which may attend the hemorrhage; these two points should dominate all the minor considerations.

Again, it has been asked, "Should we bleed if the attack of apoplexy comes on after a meal, when the stomach is charged with aliments?" Certainly. The presence of alimentary matter in the stomach might perhaps induce you to defer bleeding in cases of a trifling disorder, but in apoplexy, where the existence of the individual is so seriously compromised, we should not hesitate to have recourse at once, and on the spot, to this our fundamental means of treatment.

Having combatted the first effects of cerebral hemorrhage by a copious abstraction of blood from the arm, we must have recourse again and again to the same remedy, according to circumstances: we must keep it in reserve against those symptoms of congestion that manifest themselves at certain periods after effusion has been fully established; we must have recourse to it whenever the appearance of certain phenomena, which have been described in our former lecture, would lead us to conclude that the nervous pulp surrounding the apoplectic coagulum has been irritated by the presence of the lesion, and is about to pass into inflammation; these are so many indications that point out the necessity of again opening a vein: however, let me remark, that you must proceed with caution, and observe what may be called a middle term in the practice of venesection: that when we have to treat a patient who is labouring under the immediate effect of cerebral hemorrhage, where we are called immediately after the attack, we should bleed once largely; we should even repeat venesection to the same extent if the first bleed-

ing did not answer expectations; but after one or two abstractions of blood, practised at a short interval, if the intelligence should still remain obliterated, if the pulse do not rise, if symptoms of reviving consciousness do not manifest themselves, beware how you persevere; the further abstraction of blood becomes dangerous, the loss of a few more ounces may rapidly aggravate all the symptoms; the coma persists and becomes more profound, convulsions appear, the breathing becomes stertorous, and your patient, from whom you have taken the slight chance of existence that remained to him, sinks rapidly from the abuse of a means, which, if managed with precaution would have been his safety.

I have more than once seen cases where the whole treatment consisted in the application of a few leeches behind the ears, or to the temples, with the administration of one or two irritating enemata to act as derivatives on the intestinal canal; yet with this simple medication, pursued for two or three days, the intellectual faculties were restored, the coma was dissipated, and nothing remained of the cerebral hemorrhage but its almost constant attendant, paralysis of the limbs. These cases prove that nature alone is often sufficiently strong to combat with success the accidents of apoplexy, for we cannot attribute any great effect to the loss of blood abstracted by a few leeches. However, we would not conclude from these that sanguineous emissions are to be neglected; we would only draw your attention to the fact, that venesection may be pushed too far, and that repeated abstraction of blood, in cerebral hemorrhage as well as in various other diseases, may give rise to consequences far from being beneficial.

An excellent work (*beau travail*) might be composed on

The Abuse of Sanguineous Emission.

Had any of you the time, he would confer a benefit, not only on our science, but on humanity, by showing how injurious have been the effects of venesection when pushed beyond measure, even in the treatment of inflammatory disorders. He might prove that bleeding, when repeated too frequently, in cases of acute pneumonia, instead of cutting short the disease, has, on the contrary, shortened the existence of the patient, who sinks under the loss of blood injudiciously abstracted. We might pass in review the history of all other affections, and prove the same circumstance. Diseases, whether acute or chronic, have certain periods, certain phases, through which they must pass, and it is in vain that we would arrest the march of nature, or turn her aside from the march she has chosen. The patient, on the other hand, requires a certain degree of force to carry him successively through these several phases; and to waste his strength by a wanton abstraction of the vital fluid, in the onset of disease, is only to leave him without resource at a later period, when it is most imperiously required. Hence, I say, take away a certain quantity of blood in the commencement of inflammation, or of other diseases which require venesection; this is good, this is rational; but if you pass this quantity, you transgress the bounds of a sage moderation, and you injure the patient instead of relieving him. To ascertain this wholesome medium is the difficulty: to decide when we have pushed venesection far enough is a point that requires all our skill, experience, and knowledge; but this is a consequence of the nature of the science we profess. Were it not the case, the practice of medicine would be an easy task, and the healing art accessible without difficulty to the first comer that presented himself.

Arteriotomy.

We have hitherto spoken of abstraction of blood from the nervous system only, but the temporal artery has been frequently opened in cases of cerebral disease, and many writers prefer this method of bloodletting to any other: they think a more powerful impression is made on the system when an artery has been opened. However, this opinion is not supported by a sufficient number of facts to make us abandon the practice of drawing blood from one of the large veins in the arm, a method which we consider preferable in several points of view. An American physician has even gone so far as to open the radial artery, but this is a bold practice, which we would not recommend you to imitate: all the necessary indications may be completely and satisfactorily fulfilled by opening a vein, without any of the inconveniences that obviously arise from arteriotomy.

Bleeding by Leeches.

When a sufficient quantity of blood has been drawn in this manner, we may second the effects of our first one or two bleedings, by applying leeches in greater or less numbers to the temples, behind the ears, to the cervical region, the anus, the inside of the thighs or the vulva in the female: each of these regions has been selected by different practitioners, according to their different ideas, and there are, perhaps, circumstances under which one may be preferable to another. It is of importance that the patient's head should be constantly kept in an elevated position, and you may also follow up the application of leeches &c., by covering the head with cloths dipped in cold water, or with ice.

Revulsives and Emetics.

Some writers have advised the application of a circular ligature round the limbs; it is not easy to see what beneficial effect

can be expected from such a proceeding. It is much more rational to have recourse, as a secondary means of treatment, to revulsives of various kinds; these may be applied in the form of blisters, sinapisms, &c. to various points of the cutaneous integument; some prefer administering them internally: they may then be given by the mouth, or thrown up the rectum in the form of irritating enemata. Some writers, especially the older ones, were in the habit of recommending emetics in cases of cerebral hemorrhage; you will find this, I say, frequently mentioned as an auxiliary in the older works; but must we point out the absurdity of such a practice? Emetics can only be injurious when any determination of blood to the head exists; they are still more dangerous when effusion has actually taken place, and you can easily understand how the muscular efforts that accompany the act of vomiting are more likely to aggravate the patient's condition, than confer a benefit.

Treatment of the Paralysis.

We have now to consider the treatment proper to combat the effects of the hemorrhage of the nervous centres. Paralysis is the most frequent and remarkable of these phenomena. Can we oppose any remedy to the modification of movement? Can we hope to combat the paralysis with success? The greater part of the secondary phenomena, and the paralysis in particular, are nothing but mere symptoms; it is not to them that we must address ourselves, our means of treatment are here consequently unavailing. As long as the cerebral substance is compressed by a coagulum of blood, you can easily conceive that we can do nothing for the paralysis, which is its necessary and immediate consequence. Our first and main object must be to favour the removal of this clot, the cause of all the lesions which manifest themselves in sensation or motion. However, when we have reason to think the coagulum has been absorbed, or at least is nearly removed, we must not remain idle spectators of the helpless condition of our patient; we must do something. For this purpose we may apply stimulating substances along the limbs; we may excite the nerves which supply the members, or the nervous plexuses from which the nerves are given off. In these cases, nux vomica has been administered internally with a good deal of advantage. When the paralysis is of very old standing, it is reasonable to expect some benefit by stimulating the muscles, the immediate organs of locomotion; they have in some measure forgotten to act; they have been enfeebled by long rest, by a forced inactivity, and require perhaps only some additional stimulus to restore their power, which now rather lies dormant than completely annihilated. This practice then may be adopted in cases of ancient paralysis, but take care, gentlemen, how you have recourse to it rashly in more recent cases; the use of stimulants will, under such circumstances, be calculated to determine a still greater degree of cerebral congestion, which may give rise to the most fatal results. In individuals labouring under the consequences of cerebral hemorrhage which dates at a period considerably far removed, we often find it highly advantageous to support the strength by the gentle administration of ferruginous preparations; by a light nourishing diet; by occasional use of mild bitters, &c. In this way we support the constitution under the struggle it has to make, and by aiding nature in her efforts to remove the material cause of the disease we obtain a final triumph.

As to the hygienic measures that should be observed during the course of cerebral hemorrhage, they are exactly similar to those proper for congestion of the brain; it is therefore unnecessary to recur to them on the present occasion. We may now ask Do we possess any

Means of preventing the Occurrence of Apoplexy?

Authors have recommended the practice of abstracting a quantity of blood from time to time, in cases where this accident seems likely to occur. It is a good one whenever any of the indications of central hemorrhage present themselves with any degree of clearness; but unless these precursory symptoms exist, it is quite superfluous and unreasonable to abstract blood on the simple supposition that our patient may be attacked with the disease in question. The same remark holds good with respect to the use of the seton and several other means which are ordinarily employed as preventives of apoplexy.

Hypertrophy of the Brain.

We have now passed in review some of the principal maladies of the nervous centres, at least the principal of those maladies which are attended with an organic change of structure in the part. We have successively studied hyperemia of the cerebro-spinal axis, anemia, inflammation, and hemorrhage. We now arrive at a second class, in which no organic lesion is found, in which the disease rather consists in an altered nutrition, in a new arrangement of the molecules, without destruction or disorganization of the nervous mass; this second class likewise comprehends four grand subdivisions, which we distinguish into hypertrophy of the nervous centres, atrophy, induration, and softening.

When speaking of encephalitis, we showed how the nervous pulp might, under the influence of different stimulants, present the appearances of hypertrophy or ramollissement; but in the actual state of the science,

we are unable to say whether the immediate cause of these two conditions be inflammation or not; hence we are justified in treating them apart. Indeed, for the interests of the science, we are compelled to treat ramollissement apart from inflammation, for by pursuing an opposite course, we should be compelled to neglect or confound several most important facts. Go to the hospitals, observe diseases of the brain: follow the case of a patient who presents a certain *ensemble* of symptoms, and you will say that he has a ramollissement of the brain, and not an encephalitis. The former is associated with a train of phenomena with which you are familiar; the latter is not yet fixed in your minds, and it is for that reason that we have considered it by itself in the present classification of cerebral maladies.

We shall next take up the second portion of our subject, hypertrophy of the spinal marrow. This is an affection which you should distinguish with great care from hyperemia; however, in many cases, as we shall have presently occasion to see, the substance of the chord is pale and bloodless, at the same time that it is hypertrophied. The increased nutrition may, and often does, coincide with increased vascularity, but in several other cases we find it is in connection with anemia. "What are the anatomical characters of hyperemia of the spinal marrow?" This is a question, the answer to which we must defer until our next meeting.

NORTH-LONDON HOSPITAL.

CLINICAL LECTURES

ON CASES OF

STRICTURE OF THE URETHRA,

Delivered in the Session of 1836,

BY MR. LISTON.

LECTURE I.

GENTLEMEN,—You have had, during the last few months, many opportunities of observing the symptoms, consequences, and treatment, of strictures of the urethra, one of the most troublesome and dangerous diseases which the surgeon has to manage. You have had the opportunity of witnessing the cause, and I may even say the formation, of this disease, and of watching the development of the symptoms attendant upon obstinate contraction of the urinary passage of a most unmanageable form, viz., that following injury of the perineum.

CASE.—A man was admitted, J. D., 35 years of age, who, while going to his work early in the morning, when it was dark, slipped his foot into one of those apertures that are made in the pavement for throwing down coals. In some way or other he struck his perineum on the edge of the opening, and so great a quantity of blood escaped as to make him feel very faint. About seven hours afterwards he applied to the hospital, when, very properly, a catheter was introduced, or attempted to be introduced, but the instrument appears to have got entangled in some laceration, and a quantity of blood oozed out, although the greatest gentleness had been used. When I first saw the patient there was some swelling of the perineum, which became tender on pressure. Leeches and fomentations were applied, and he was discharged some two or three weeks afterwards, apparently very well. He returned, however, on the 25th of September, complaining of very great difficulty in passing urine, he having been dismissed on the 1st of that month. He was taken back as an out-patient. There was evident hardness of the perineum, and very great difficulty was experienced in passing the catheter; in fact he now suffered under a stricture of the very worst and most unmanageable kind.

Now a patient in such a situation, with stricture of this rigid kind, is in constant danger. He is in great risk of urinary abscess, and of extravasation occurring into the cellular tissue. He is, from the least excess, liable to complete retention of urine in the bladder, and if that be not most properly and promptly treated, fatal consequences may ensue, or he may be reduced to such a state that his after life will be so embittered as to be scarcely worth retaining. There is, in fact, no disease in which a person is more apt to be "bungled out of his life," than in retention of urine, whether from strictured urethra or any other cause. But even slight forms of the disease will bring upon the patient considerable suffering, mental and bodily, great irritability of temper, and serious interruptions to the complicated and important functions of the organs attacked,—even impotence, to some extent.

A great variety of disorders of function, and changes of structure, in the neighbouring parts, connected by sympathy or function with the urinary passage, have been supposed to depend on disease in that canal, and to be removeable by putting it into a sound condition. There is much truth in the doctrine, though the treatment must not stop short at that point. Many diseases are certainly engendered or kept up by a disordered and irritable urethra, and the removal of that state enables the surgeon to apply his other remedial means with double effect. Many affections of the bladder, of the testes, of the prepuce, of the verge of the anus, can be much more readily

and certainly put to rights by attention to the point in question. There is a man up stairs in No. 5 ward who is labouring under stricture. He passes his water very frequently; there is great swelling and redness of the scrotum and prepuce, and ulceration about his glans penis, which for the present forbid any attempts to introduce instruments. He is passing much puriform matter with his urine, which is discharged with great difficulty, and frequently we shall find in such cases a very bad stricture to be causing all the mischief. The testicle is apt to suffer, often becoming swelled in consequence of irritation in the part; the prepuce thickens and contracts; and persons labouring under stricture have more or less uneasiness about the verge of the anus. There is a certain uncomfortable feeling, and a bearing down, great pain, and often difficulty, in passing the stools, and great exertion is called for on the part of the abdominal muscles to empty the bladder; you find also that the bowel is emptied at the same time, there is an evacuation of flatus, and very often of the more solid contents of the bowels. The patients, from the constant straining, are apt to have a determination of blood to the part, they labour under piles, and hemorrhoidal tumours internally and externally, and, very often, there is considerable falling down of the bowel. Other symptoms arise from irritation of the urethra, and among them many painful affections in the lower limbs. Neuralgiæ often hinge upon urethral derangement, and general and local treatment alike fail, together or combined, in affording relief, until this is looked to and remedied. I have now under treatment a man under thirty years of age, who had been actively treated during at least eighteen months before I saw him. He complained of violent and almost constant pain in the course of the left sacro-ischiatic nerve. He had been cupped many times, as often as four times a week; he had had blisters and sinapisms applied, and he had tried all sorts of drugs internally; indeed he must have had the stomach of an ostrich to have got quit of the mass of horridly poisonous stuff put into it in the shape of medicine, and he had nearly ruined himself by the purchase of expensive and fashionable drugs, without obtaining even temporary respite. From a highly respectable chemist who supplied the patient, I have a list of the remedies used at various times. It comprised delphinia, strychnia, veratria, aconitine, colchicum, Dover's powder, and, lastly, carbonate of iron in immoderate quantities, though he might, under the circumstances, have, I doubt not, swallowed the chain cable and best bower anchor of a first-rate to boot, in the form of rust, without being one whit relieved. Such, at least, is my impression. The state of his urinary organs had never been inquired into, or at any rate attended to. He laboured, and had done so from before the neuralgic attack, under difficuity in passing his water. It came away frequently in a small stream, and with much straining. In the space of fourteen days, and by a few introductions of proper-sized bougies, beginning with a very small one, the pains all but left him, and he is now rubbing in, and it will be with effect, an ointment containing these most valuable of external narcotics, the veratria and aconitine, in the form recommended by Dr. TURNBULL. This is another instance, if any were wanting, to convince you of what I am constantly insisting upon, namely, the necessity of inquiring for, and searching out, the *cause* of surgical disease, as the first and most effectual means of cure, and doing away with that, if possible, whatever it may be. Pains of a gouty nature in the lower extremities often disappear upon the removal of disease or disorder of the urethra, and many patients have expressed to me their astonishment at the exemption from their usual sufferings consequent upon dissipation and debauch, after their urinary organs had been put into a right condition.

The remedy in such slight cases of stricture is readily applied, though, even there, skill and great caution are essential to the patient's well-being and safety. By rash, harsh, or frequent interference, the disorder of function may be increased instead of being alleviated, and in place of a trifling and easily remediable contraction, perhaps only a slight tenderness of some portion of the mucous lining, with irregular action of the surrounding muscles, a narrow and confined stricture may have its foundation laid, occasioning a contraction so tight, as to admit with difficulty and reluctance any instrument larger than a common probe, and surrounded by a substance almost as unyielding as fibro-cartilage.

Now stricture is produced in consequence of inflammation of a violent character. It does not naturally follow all inflammations, otherwise the great majority of the male population would assuredly labour under this troublesome disease. There are a great many young men who have had gonorrhœa, again and again, without experiencing the least difficulty after the cure has been completed, or, in the after period of life, in making water. Many people are exceedingly liable to gonorrhœa, and if they expose themselves to it much, they may perhaps have suffered under that infliction a dozen or twenty times. I have seen patients who have had it as often as that, and still have not laboured under stricture. The inflammation in these cases is not of a violent character; it is attended with a discharge, which gradually subsides; but if the inflammation be in any way excited beyond a certain point, if it be excited in consequence of the discharge being suppressed suddenly

by debauchery, or by the improper use of injections, or if it be excited by (excellent remedies when judiciously and timeously employed) the introduction of instruments during the inflammation,—if a bougie, for instance, be introduced during gonorrhœa, which is sometimes the case; and if that bougie be introduced forcibly, the inflammation will run so high, that it will be followed by the deposition of lymph in the cellular tissue, or, perhaps, on the surface of the lining membrane. But the worst cases of stricture are those which arise from external injury. They may occasionally be attributable to internal injury. There is also one case here, by-the-by, which shows remarkably well the cause of stricture. Two very strong reasons are seen, why the man should have suffered from this disease. Two very powerful exciting causes were applied. The man was aged 47, and was admitted on the 17th of December 1834. About six years ago, when rigging a vessel, he fell from a height of about thirty feet, and came astride upon a boom. He complained of severe injury in the loins, which was removed by cupping, but had then no affection of the urinary organs, excepting some hemorrhage from the passage. About four years ago, that was two years after the injury of the perineum, after being over-heated, and drinking a large quantity of cold beer, he was seized with retention of urine. He applied to a surgeon, who forced a large catheter into the bladder, and drew off the urine. This proceeding was also followed by profuse hemorrhage from the urethra. From that time he has complained of pain and difficulty in passing water. Now the cause of the retention no doubt was a stricture, occasioned by the bruise on the perineum, which perhaps did not attract his attention very much, afterwards aggravated by the debauch. While over-heated, he drank a quantity of cold beer, and inflammatory swelling of the thickened part followed; then a fresh injury was inflicted upon the urethra, the mucous tissue was very likely torn up extensively, and this was followed by fresh inflammation, which terminated in one of the most troublesome strictures I have encountered. He had a copious discharge of puriform matter from the urethra, and retention of urine occasionally supervened, but was relieved by fomentations. He had been twice under treatment, and derived considerable benefit from the measures that were then adopted. Upon his admission, some induration was felt along the course of the urethra and perineum. The stream of urine was small, and gave rise to considerable smarting, and sometimes great pain. The urine was opaque, and was discharged, with a great quantity of mucus. A catheter was introduced on two different occasions, and retained for some time, but not so long as could have been wished, as the patient was irritable, and difficult to be managed. It was an exceedingly unyielding stricture, and there was for some time very little ground gained by the introduction of bougies. We were, you may recollect, under the necessity of leeching the perineum more than once, of correcting the state of his digestive organs, and of allowing long intervals to elapse betwixt the introduction of the catheter. He got into the service of the hospital, but had not long been in it before he was dismissed. He got doing some mischief or other, and was discharged, but not before the introduction of No. 8 catheter had been effected. I believe, when he went away, he made water perfectly well, the mucous discharge having ceased. As bad a case as I have ever seen, arose from the laceration of the passage while the patient was yet a boy. I saw him labouring under dreadful difficulty in making water, and the urine was mixed up with an immense quantity of vitiated mucus. Sometimes the irritation was very violent, and the call to make water almost occurred every half hour. I had him brought from the country, and most actively treated. When a boy at school, he was seized with retention of urine in consequence of exposure to cold. The surgeon in the country had no proper instrument with him, and he endeavoured to relieve the patient by pushing in the handle of a spoon, with a small twisted old-fashioned handle, for helping sugar. This operation was followed, not by the evacuation of urine but of blood, and ever after that he had difficulty in passing urine. The stricture became confirmed, very likely fresh causes were applied, and the passage was inflamed again and again. Perhaps he had again and again gonnorrhœa. In fact there is no saying what additional causes existed for the stricture. We often find, that very many causes have been in operation, an external bruise, for instance, when it is lucky for the individual if nothing else happens, for sometimes the symphysis pubis is separated, or the bones are broken, or a portion of bone enters the bladder, an injury which is almost always fatal within the first 24 hours; and if the patient escapes from the dangers of effusion of blood in the cellular tissue, and obstinate retention of urine, the foundation of the worst kind of stricture is laid. When I left the Infirmary at Edinburgh, I had under treatment a man with very bad stricture, the cure of which was materially retarded by an attack of erysipelas of the face, followed by inflammation of the upper part of the windpipe and the fauces, with a profuse discharge of purulent matter. (Mr. Cooper had a patient who died after an attack of erysipelas from a disease of this kind—a sort of purulent laryngitis—and you may recollect that he showed you

one of my drawings of this appearance.) The patient of whom I last spoke, ascribed his stricture to his having slipped in stepping over a rail, on which he fell astride. I have seen various cases of strictures from blows. I had under treatment at one time a stricture produced by a kick with a heavy shoe, which I thought I never should overcome. The water passed only in drops. I failed again and again to introduce instruments. I got the catheter fixed in the stricture, but by no possibility could I get it through, and I had determined, as in the case of C. M., now in the house, to cut into the perineum, divide the urethra behind the stricture, bring the knife forward, and expose the extremity of the catheter, introduced as a guide, and thus be able to pass the instrument into the bladder, and there keep it. He was placed on the table, and tied up as for lithotomy, when I found the stricture yield a little, and on persevering I succeeded in getting a very small catheter into the bladder, and then, as you are aware, the cure was in my power. So in C. M.'s case, by a little perseverance on the day on which I thought of cutting into the perineum, I accomplished my object, and a very rapid and satisfactory cure resulted. I had a young patient, who, before I took charge of the Edinburgh Hospital, had been operated upon there, in whom the stricture was occasioned by the kick of a horse in the perineum—an odd place, by-the-bye, for such an injury, for one cannot very well understand how the horse's hoof could reach the perineum. The scrotum was bruised, the part behind had also suffered. He richly deserved the punishment, for I believe he had put a furze bush under the horse's tail, and was tickling him in that tender region. He was afterwards further punished, for his perineum was cut into without any object being attained; when he came under my treatment, a catheter was passed, and retained for a short time. I sent him home again, but some hours after he was seized with retention of urine, and he was brought to me in great suffering and agony. A catheter was then re-introduced and retained until a profuse discharge took place, when the stricture yielded. The cure was completed, according to the method which I shall detail by-and-by.

Stricture also arises in consequence of the laceration of the passage in extracting stones, or from large stones being forced along by the impulse of the urine. We had a case, some little time ago, of false passage in the urethra, a fistulous aperture, through which the greater part of the urine was discharged, after the extraction of a stone. It appeared, from the history of the case, that the boy had laboured under stricture, from some cause or other. The stone had come down from the bladder, and had stopped behind the stricture. He was admitted into an hospital; I shall not say where, as it is not my wish to offend any one (many in the profession are uncommonly thin-skinned); the stone was cut out, about an inch and a half behind the orifice. He took no great care of himself after that. Bougies were introduced in order to overcome the stricture, but the opening could not be made to close again. He was admitted labouring under retention of urine, and was relieved completely by the employment of fomentations; the stricture was dilated, so that Nos. 5, 6, or 7 catheters were admitted readily. The boy did not submit to treatment very well; he was opposed to such means as would have removed the cause, which was the first object, because the abatement of the stricture was essential to the closing of the false passage. Something more, however, would have been required. But it is very difficult to close up openings which are anterior to the scrotum. I do not know what the circumstances were that rendered an opening necessary, but if it had been possible to bring the stone through the orifice, and by introducing an instrument along the urethra, so as to divide the contraction, without injuring it from without; or, if it had been possible to push the stone back, no such bad consequences might have happened. I caution you against making an opening into the anterior part of the canal, for you will find it almost impossible to get the opening closed up again. Had the stone been thrust into the perineum, which it could have been without any risk, and cut out from thence, there would have been no fistulous aperture. I am not an advocate for dividing the stricture from within by the use of cutting catheters or other contrivances, but in a case where the stricture is near the orifice, almost within sight, I do not think that any injury would result; and certainly an incision into the perineum would be attended with less troublesome consequences than the incision anterior to the scrotum.

Having said so much to you about stricture, it is time that I should describe to you the symptoms. Slight stricture, especially after the parts have been excited, causes a frequent desire to make water, a scattering of the stream, and occasionally a discharge, a sort of gleet. The patient may apply for relief from some uneasiness in the perineum, or swelling of the testicle; when stricture is more confirmed, there can be very little doubt, from the symptoms, as to its existence. Then the water is passed only in a very small stream, indeed, sometimes, only in drops, and with great straining, and strong impulse on the rectum, for the parts sympathize closely, and are acted upon by the same muscles.

When the stricture is pretty well confirmed, the patient often supposing he has wholly emptied the bladder, may find a quantity of

water run off, in a minute or two afterwards, mixed probably with a quantity of viscid mucus. This is easily explained. In stricture, changes take place in the urethra, as well as in the bladder. If the stricture increases, the muscular coat of the bladder becomes very much contracted, and the cavity is diminished in capacity, and its mucous surface is altered, and in the urethra, more especially behind the contracted part, there is a dilatation, as may be seen in many preparations on the table. You find in a recent specimen the mucous coat always exceedingly thick, and loaded with dark-coloured blood. The muscular coat is four or five times thicker than it ought to be. The passage becomes very much dilated, generally speaking, behind the contraction, the necessary result of the stricture becoming tight. Sometimes great quantities of water collect in the pouch thus formed. Sometimes it is like a small bladder, and, not unfrequently, calculous matter collects in it; stones form in the perineum in this way, and it is from this pouch that the water oozes out after the calls to empty the bladder have gone off, and the patient has readjusted his habiliments; and if the patient be in the humbler ranks of life, and cannot constantly change his apparel, he is scarcely fit to be approached, for he smells as rank as a polecat.

The stricture, in the first instance, may involve but a very small part of the canal, presenting only such a contraction as might be produced by tying a firm small cord around the passage. But inflammation recurs, from time to time, from various causes, —from injections, or from some injury of the parts, either from without or from within; or the urine being obstructed may be impelled against the part with great force, and cause inflammation. Fresh depositions of lymph thus take place, and, ultimately, the limited stricture extends until a hard cord can be felt surrounding the passage, and increasing the contraction perhaps to the extent of an inch, or even more. This hardness in the perineum is found to obstruct the catheter, and you can take hold of the cartilaginous mass in guiding the instrument through the unyielding tissue, and the introduction is only accomplished in many cases after a good deal of perseverance and pressure.

If means be not taken to relieve this disease, ulceration is apt to ensue in that part of the canal into which the urine is constantly impelled. If the ulceration be rapid, or sloughing occur, there is a risk of the urine being extensively infiltrated in the cellular tissue; but, generally, if the urine be not completely retained in the bladder, it escapes, though in small quantities, through the urethra; the parts around the urethra become condensed and inflamed; and abscess may come slowly to the surface, which, being opened, evacuates a quantity of well-digested but fetid matter. A day or two may elapse before the inflammatory swelling subsides, when the urine begins to run through the cavity of the abscess, mixed with matter of no pleasant odour. Often the greater part of the water will come through this passage, and if the stricture becomes more and more confirmed, the whole of the water may at last pass so. One patient now under treatment here is somewhat in the condition described. C. M., aged 42, was admitted with a fistula in perineo, through which the greater part, if not the whole, of the urine, was passed on admission, in the first instance, and that not very freely. When this is the case, the stricture very often yields in some measure. It is not so much excited, as the water is not impelled with such violence against it. This patient had been long under treatment, and at one time great progress was made towards a cure. But, latterly, through his own carelessness, a great aggravation of the complaint had occurred. It was, for months previous to his presenting himself here, found quite impracticable to reach the bladder, with any sort of instrument Caustics and cutting instruments from within had been employed, as is usual, without benefit. We occasionally meet with cases in which one abscess forms after another, and the scrotum is perforated by holes,—six, eight, or a dozen papillæ presenting in the scrotum and perineum, the whole of the water coming through them. I have treated several such cases, external injury or mismanagement having caused the passage to close *entirely*, not, however, without cicatrization of the surrounding tissues. Cases occasionally occur in which not a single drop of water has passed *per vias naturales* for several months. I had one case where nothing passed through the urethra for eighteen months, and I recollect another in which nothing was passed through the urethra for fifteen years. The man positively declared that not a single drop of water had passed through the urethra for that period, though he was not very far advanced in life. How he could so long submit to such inconvenience and suffering I cannot comprehend.

What is necessary to be done under such circumstances? I believe that it is only in these cases,—when you cannot by any possibility introduce the catheter,—that you should be under the necessity (excepting also in cases of extravasation) of making incisions into the perineum. I was, in the two cases to which I have alluded, very much afraid lest I should be obliged to put in practice an operation which is pretty often had recourse to unnecessarily, I suspect, that is, incision of the perineum, and division of the stricture from behind forwards, when the water was still passing

through the urethra, though in a very shabby way; but ultimately in both of them the catheter was, by cautious and persevering efforts, got into the bladder, and a cure was then accomplished without difficulty or delay.

I said that gradual ulceration frequently leads to abscess. Here is a very good specimen of it. Observe a ragged hole opening from the urethra into the cavity. The specimen was obtained from the body of a very old man who died from the effects of extravasation. The ulceration was recent, and here you perceive is the cavity of the abscess. By the progressive ulceration the matter gradually came to the surface.

But where the urine is retained, and the stricture, from the inflammation within, is entirely closed, a different result follows. Retention of urine, I need not tell you, is very alarming, and very difficult for the patient to bear. The symptoms come on very speedily, where stricture is the cause. The bladder, though not so very much thickened, as in this remarkably beautiful specimen, is, almost uniformly, much contracted, and incapable of being dilated to any extent. It will sometimes contain six or eight ounces of urine, and sometimes not above half that quantity. The symptoms of retention, therefore, come on at a very early period, and consequently the danger is very great. In a few hours after the symptoms have commenced, the patient, perhaps, thinks he is relieved, he feels as if water dribbled away from him, he has a sensation of heat in the perineum, and he is speedily afterwards alarmed on finding a large swelling in the scrotum, urine having got into the cellular tissue in consequence of sloughing of the dilated part of the canal; or the cyst in the abscess having given away by the same process; or an abscess by rapid ulceration, perhaps, has been forming, in close connection with the urethra, by the compression of which the urine is prevented from passing along the canal. You see this happens now and then during the progress of gonorrhœa. An abscess forms and impedes completely the passage of the urine, without any contraction existing in the passage. I had once under treatment such a case of gonorrhœa, the abscess being very deeply seated, in which the urine was arrested in its flow for the best part of three weeks. It is not a good practice to introduce instruments in acute inflammation of the passage, but in that case it was necessary, for ten or twelve days before I saw him, to introduce a catheter two or three times a day, to relieve the bladder. There was a sort of chronic abscess formed down by the side of the rectum, and it was only when it became apparent, and was evacuated by incision upon my first visit, that the patient got relief, and had the functions of the parts restored. Now where the patient makes violent efforts to pass water, the cavity of that abscess, connected with the dilatation behind a tight stricture, is filled with urine, as well as the posterior part of the canal, and the parietes of the abscess give way, so as to permit the escape of the fluid, containing much saline matter, and very acrid, into the cellular tissue. The cyst does not *burst*, as some writers assert, nor does the urethra; but they either slough or ulcerate. Some patients, with retention, get through by active and judicious management, but a great many are lost, from even slight extravasation of urine. Another very great risk, in all these cases, from such an occurrence is, that a fatal termination takes place at a very early period, and without time being given for the destruction of the cellular tissue, the urine seeming to act on the constitution as a poison. It is rapidly effused, and attended by a secretion of putrid sanies, with a sinking of the powers of life, and a speedy termination in death.

I should have mentioned before, that we find stricture occurring at various parts of the passage—strictures from injury. The very worst kinds are generally met with in the posterior part of the canal corresponding to the perineum, in the widest part of the urethra; but the strictures generally met with arise from acute inflammation, produced by the introduction of instruments, or the suppression of discharge. They generally occur in that part of the canal which is anterior to the sinus of the urethra, at three or four inches from the orifice. Strictures occur in the membranous portion of the canal, and they occur also, although not so often, very near the orifice. These are exceedingly unyielding, though *why* I cannot tell you, but contraction of one part often leads to contraction of another. Say that the passage is contracted behind, in the membranous portion, and the water does not come away in a full stream; the canal is never fully dilated. Naturally, one of the narrowest parts of the canal is at about three or four inches from the orifice. Here coarctation takes place, and also at the orifice, which is the tightest of all. The whole canal is, to a certain degree, diminished in caliber, and these parts more than any other. The disease very seldom exists singly. Other parts of the canal are generally affected, besides that which is first observed. In most cases you will be able to pass a catheter so far, say, through an obstruction at three inches from the orifice; but then an obstacle still exists further back. Perhaps the commencement of the membranous portion of the urethra is as badly thickened as the anterior. Before we next meet, I shall think on the subject carefully, and if I have now forgotten any of the symptoms or the circumstances connected with stricture, I shall then make up

for it. I shall then speak of the treatment. You have seen many cases here, but many more cases are met with in private practice which are not admissible into hospitals, the danger is so very slight. Only the worst cases of stricture are admitted here. It is right that you should understand this, and you should be prepared to treat them *scientifically*. But there are a great many very difficult cases, for, indeed, many patients labouring under this disease have been "bungled out of their lives" through ignorance and inattention. This drawing represents mortification of the scrotum from extravasation of urine. Patients do not often survive under such mischief, or until the parts become thus disorganized; some struggle through wonderfully, and if incisions be not made, as they ought to be, very early and very freely, the scrotum or the penis is often left uncovered and unprotected.

I should mention that occasionally the passage ulcerates towards the corpus spongiosum, and the urine is admitted into the vascular network, the penis becoming black in consequence. It is not into the body of the penis, but into the corpus spongiosum, that the infiltration occurs. The outer surface of the glans, as you are aware, communicates freely with the spongy body, is, in fact, a prolongation of that tissue. When the glans becomes black, and sloughs, it is about one of the most alarming and fatal signs which we meet with, and many are alarming enough in the disease. This is not a very common occurrence, but Sir BENJAMIN BRODIE mentions, I think, two or three cases in which he noticed it, and in all, the patients, I believe, perished. I have seen the appearance also more than once, but in one of the instances a fatal termination did not happen. The urine may in this way be admitted at once into the blood, and be returned by the veins into the mass of circulating fluid, and thus you can account for the bad consequences which almost invariably follow, but still a fatal result does not uniformly take place.

CURE OF ULCERS.—Dr. Cramer recommends for the treatment of ulcers, that a piece of lint, imbued with the discharge, should be dipped in an impalpable powder of the nitrate of silver, and then reapplied to the sore. This he repeats every day, or every other day, and by his enforcing a quiet state of the member, he mentions his having succeeded in healing the most obstinate ulcers in a period of six or eight weeks. He has likewise employed the same powder with advantage to the granular conjunctiva.—*Heidelberg. Klinische Annal.*

JERVIS-STREET HOSPITAL, DUBLIN.

CLINICAL REMARKS

BY

DR. WALLACE.

FRACTURES OF THE JAW.

JANUARY 19, 1836.—Ward No. 4.—Here, gentlemen, is a case of fractured jaw in a woman; let us compare it with the one in the man in the ward No. 2: the comparison will be useful. What are the relative situations of the fractures in these two cases? You saw that the man's fracture was situated just at the right side of the symphysis, that it passed between the first and second incisors. And here let me remark, that fractures of the jaw, although they are said to occur at the symphysis, never do take place in that situation, not really in it. This is what you might expect, when you reflect that the symphysis is much stronger than the part of the bone just connected with it, or at the side of it. You remark, that this woman has a fracture on the right side in precisely the same situation as that of the man, but you see she has got a second fracture; the bone is broken on the left side also, immediately in front of its angle. This renders her case far more serious than that of the man. Observe what a difference there is between them. You saw that the man appeared to suffer very little, and there was scarcely any deformity. See how much the fragments are here displaced; remark how this woman appears to suffer, what agonizing pain she seems to experience about the fractured angle, how the least motion of the head annoys her, and how she grasps her occiput with her hand to keep her head steady. She discharges abundantly saliva from the mouth, and is almost quite unable to articulate, whereas the man could speak very distinctly. What is the cause of this great difference in these two cases? I have often observed many of the distressing symptoms which you see in this woman, to arise when the jaw was fractured far back; and I have always supposed them to be owing to the injury of the trunk of the sub-maxillary nerve, which you know enters the bone near its angle, and is, therefore, much exposed to injury in such cases as the present, that is, when a fracture exists near the angle. There is also another reason why the double fracture in this woman should produce much more serious consequences than the single fracture in the man. The depressors of the jaw are almost all attached to the middle fragment, while the elevators are connected with the two posterior portions of the jaw; hence great displace-

ment must arise by the different parts of the jaw being pulled by their muscles in different directions. The middle portion is depressed, and the posterior portions are raised, and this displacement is greatly facilitated by the direction of the fractures, which is parallel to the line of direction in which the depressing muscles act, that is, from above downwards, and from before backwards. But in the man's case, the elevating muscles being connected with both fractured portions, the action of the depressors, which are connected with the large fragment, are greatly moderated, and hence there is little displacement.

Now how have these fractures been produced? How has the fracture in the man been produced? By a fall from a ladder on the chin. How has it been produced in the woman's case? By a blow on the left side of the jaw. You can easily conceive, that the mechanism of the forces which caused the fractures in these two cases near the symphysis was different, that is, the force did not act in the one case, as it did in the other. In the man's case, the tendency of the force was to straighten the jaw by pressing the convexity of the chin inwards and backwards, and the solution of continuity close to the symphysis commenced in the inside of the jaw, and extended outwards. In this woman's case, the force being applied to the side of the jaw, the tendency of its action was to increase the natural curve of the jaw, and the fracture near the symphysis must have commenced externally, and passed inwards, and most probably the second fracture occurred subsequently to the first, but by a continuance of the same force.

What difference of treatment must be adopted in these two cases? You have observed that the man seems to be very comfortable under his injury; and all that has been done has been to retain, by a bandage passed under the chin and over the head, the lower jaw against the upper; bits of cork being previously interposed between the teeth at each side. The same treatment has been adopted, you observe, in this woman's case, where there is a double fracture, but you see it does not answer. You see how much she suffers. Now we shall give her great ease by adopting the proper mode of treating such cases. The plan is to interpose a grooved cork at one side only, that is, at the side that is elevated, and then gently apply a bandage under the base of the jaw, so as to raise as much as possible the depressed side. Now let me explain to you the principles of this practice. Look, first, at the state in which the bones are. You remark that the portion of the jaw interposed between the two fractures is much depressed. This depression is caused, as I have already explained to you, by the contraction of the depressing muscles, and by the weight of the unsupported fragment of jaw. You also remark what pain is given, whenever I attempt to raise this depressed portion into contact with the upper jaw, or to a level with the other portion. You see she will not allow this to be done; you cannot, in fact, by acting in this manner, either bring or retain the bones in their proper situation, and even if no pain were produced, the mechanism of the parts, and the direction in which the displacing muscles act, would soon render your endeavours unavailing. Well! what should be done? You must, as I have said, depress the raised part, you must bring it down to a level with the broken fragment; and you do this by interposing a cork between the upper jaw and the raised side, proportioning its thickness to the degree of displacement. You thus depress the raised side, and make it meet the depressed side. I shall now put in this cork at the raised side. See what relief it affords; I shall next pass this in at the other side. You remark she cannot bear it; I must remove it. Now I shall apply a bandage, as we did in the man's case. This, then, is the mode of treating these fractures. In the one case, you apply a cork at both sides; in the other, you apply it at one side only, and you see how admirably the difference of treatment is suited to the two cases. I should mention to you, that it will sometimes happen, that it will be useful in cases of double fracture to apply a second cork; for example, in the present instance we might apply a cork between the posterior teeth at the left side, not as it was applied between the upper jaw and the depressed fragment, but between the upper jaw and the posterior and left fragment of the lower, which is, as well as the right side of the jaw, kept raised by the elevator muscles. This would keep this portion of the jaw down to a level with the posterior end of the depressed middle fragment. I generally, however, find that this second cork is not necessary, for there is not in this part so much displacement as anteriorly. The cause of this you will easily comprehend, when you consider the attachment of the depressor muscles.

Let me make another remark to you. You might suppose that as a fractured jaw is subject to constant motion in speaking or deglutition, its reunion would not be easy. The reverse is, however, in general, the case, and I have often been surprised at the rapidity and satisfactory mode in which fractures of this bone unite, even in cases where from the carelessness and garrulity of the patient you might augur the worst. It is really very remarkable how admirably nature often works out her object in these cases: yet, I have sometimes seen these fractures remain ununited, and have then had occasion to verify the remark of Boyer, that it is surprising how little the disunion affects, after a time, either mastication or

enunciation. Dr. Physick, of Philadelphia, succeeded in causing reunion in a case of this kind, by the seton. I have also observed, on some occasions, union to have taken place with deformity. Hence, in saying that these cases turn out well, although little attention be paid to them, I am making only a general remark, and this must not induce you to pay a lax attention to them.

Ward No. 8.—Oh, another fractured jaw! How was this caused? (The house-surgeon replied "that she had been thrown down last night by a carriage in the street, that she was brought into the hospital in a state of insensibility, and that it was supposed a wheel had passed over her head.") Although there is, gentlemen, considerable swelling and tenderness in the fractured side of the jaw, and about the parotid, there does not appear so much injury as would probably have been caused had a wheel passed over the jaw. The fracture may have been produced by a simple fall on the jaw. Let us see where the fracture is: you remark that it is not in the situation of the fractures in either of the other cases: it is a single fracture, and corresponds to the interval of the first and second incisor of the left side: you also remark the nature of the displacement: the left or smaller portion is drawn outwards, and the larger inwards and backwards. There is scarcely any perpendicular displacement; this is owing to there being elevator muscles attached to each fragment. You remark that she has much more pain than the man in Ward No. 2, but less than the woman in No. 4. You see I can easily replace the parts in their proper position, by pulling outwards the left or smaller portion of the jaw, and by pressing backwards the right portion.

You may suppose, from the facility with which the fractures of the jaw in these three cases have been detected, that their diagnosis is always very easy; so it is if care be taken. You are, however, aware, that only a few days since, a man who had been discharged from prison, came to the Dispensary with an injury of his jaw, and when I told him that his jaw was fractured, he replied thet he had himself told Surgeon —— that his jaw was broke, but that he desired him to go about his business, that there was nothing the matter with his jaw. You see, therefore, that attention is requisite, and upon some occasions considerable attention is necessary, to detect a fracture of the jaw; for it may happen that there is no displacement whatever, and a crepitus may be evident to the patient, when it can scarcely be detected by another person.

HYDRIODATE OF POTASH IN SYPHILIS.

Ward No. 6.—You are, I am sure, gentlemen, attending closely to this man's most interesting case; see what an alteration in his countenance; he has been in the hospital only a few days: when first admitted, he kept the ward awake all night, as I was informed, by his roaring out with the agonizing pains of his bones, and particularly of his shins. He says he now rests most comfortably: his shins were, on his admission, so uniformly swelled, from the knee to the ancle, that no defined prominences could be felt along the tibia, and the soft parts covering these bones were so tender, that he could not suffer the least pressure to be made on them. You see this is not now the case; there are a number of projections or exostoses, to be felt, and although the whole tibiæ are still much larger than natural, they feel vastly smaller than they did four days ago. These changes in the form of his legs have resulted from the subsiding of the great tumefaction of the soft parts; all tenderness seems also to have subsided. You see he allows me to make pressure all along his shin. Again, look at his skin; you remark that the groups of shining, scaly tubercles, which were scattered over the surface of his body, and on his temples, have shrunk to a level with the surrounding skin; and two of those which had ulcerated, one on his back, and the other on his breast, have healed. Now what has caused all these remarkable changes in the space of four days? Two drachms of the hydriodate of potash. He has taken half a drachm of this salt daily for the last four days. This is precisely one of those cases of syphilis in which mercury acts as a poison; and this man was half poisoned by mercury before he applied here. The employment of the hydydriodate of potash in such cases as this, is the greatest improvement which has taken place in medical surgery in modern times. This case makes the one hundred and twenty-fourth of secondary syphilis which I have so treated and carefully noted. Two years and a half have now passed since I commenced the investigation, and I have collected as great a body of facts as have ever perhaps been collected, respecting the treatment of any one chronic disease by a particular remedy. I am, I assure you, arranging, whenever I have a moment to spare, these cases, and will commence, before this month is out, to fulfil the promise, which I have long given you, of making them the subject of a series of clinical lectures on syphilis.

DISORGANIZATION OF TISSUES OF THE CALF.

Ward No. 3.—There is a disease, gentlemen, in the upper and back part of the calf of this boy's leg, to which I wish to direct your attention. You remark that there is great and deeply extending hardness in the part; that there is, what the common peo-

ple call, a "flag;" that the skin has a slight purplish colour. The leg is bent on the thigh, he cannot straighten it. There is often much pain in this disease, particularly when the person stands or attempts to walk, and unless treated in one particular way, it is remarkably tedious, and often ends in the death of the hardened tissue, which falls out, and leaves a hole so large sometimes, that you could bury an orange in it. We had a similar case in Ward No. 4, a short time ago, in the person of a woman. She had been treated before she came under my care, as this boy has been treated, with poultices, and leeches, and stupes, and was not benefited, nor has this boy been benefited by a similar treatment. This affection yields rapidly to mercury, and, as far as I know, to mercury alone. The woman was materially relieved, just as soon as her gums were affected; and so will this boy be relieved as soon as the slightest action of mercury is perceptible. You see how poor and delicate a looking creature he is: you would say from his appearance that he had a very bad habit. The woman presented the same character of constitution, yet she bore the mercury well, and was extremely benefited by it. I may conjecture, but I do not pretend to say, what the disease is. I have told you its characters, and the manner in which you can cure it.

CASE OF

SMALL-POX COMPLICATED WITH HYSTERIA.

To the Editor of THE LANCET.

SIR,—If you consider the following case merits a place in your truly independent and widely-circulated Journal, I shall feel much obliged by its insertion. I have the honour to be, Sir, your obedient servant,

JOHN J. KELSO, M.D.

Lisburn, Jan. 20, 1836.

CASE.—J. F., ætat. 19, of a stout make and sanguine temperament, enjoying up to the present attack, for the most part, uninterrupted good health. Dec. 18, 1835, I saw her, and found that three or four days since she commenced ailing, but considering her complaint as only a cold, no treatment was resorted to. She was lying on her right side, in a listless, stupid state, not caring to execute any motion, and apparently unconscious of what was passing around her. Has entirely lost the power of articulation, but appears quite sensible (in the intervals of frequent fits of delirium) of the nature of questions put to her, which she endeavours to respond to by efforts in which the whole muscles of the trunk of the body, as it were, become roused into action, accompanied with a deep and powerful inspiration, to be instantly succeeded by a loud, protracted, but rather modulated shout. These efforts at pronunciation are evidently teasing, if not actually painful, as she requires to be frequently interrogated before making them. Has severe headache, as evinced by the frequent application of her hands to the forehead; face flushed; skin hot and dry, and there appear a few specks on the chest, probably the eruption of small-pox. Tongue coated with a brown fur; pulse about 100, not full; stomach irritable, rejecting the ingesta, which is chiefly fluid, as there is considerable thirst; bowels constipated. The catamenia has been absent for these last two months. She was ordered a cooling mixture, with a common laxative powder.

22. The eruption of small-pox fully developed, the pustules being distinct, and rather few in number. Irritability of stomach has disappeared, and the appetite is improving. The thirst is less, pain in head diminished, but the state of lassitude persists, with a disinclination either to make the efforts at speaking, or to move herself in bed. Towards the evening there is a feverish access, and the nights are restless. Bowels preserved relaxed by cooling medicine.

26. The articulation is returning, the words, which are very imperfectly spoken, being wholly unintelligible to me, but not so to her immediate attendants. Complains of severe pain in the lumbar region, shooting round to either groin, with a sense of heaviness in the hypogastrium. Face still keeps flushed, and the headache is occasionally violent. Tongue remains coated, but the appetite is unusually keen. Pulse about 90, rather weak. There is globus hystericus, and she cries and laughs alternately,—phenomena which set in a few days back. Habeat emplastr. lyttæ nuchæ.

29. The pronunciation is becoming gradually more distinct and intelligible, the words being uttered at the top of an hysterical cry. There is present some debility, notwithstanding the keenness of her appetite. Sumat *Tinct. Lyttæ* gtt. xv ter in die. Vesicat. parv. dextr. mammæ; hip-baths.

Jan. 5, 1836. The debility has increased. Bowels have been purged from a dose of the pil. aloet. co., which she had taken. The sense of hearing is remarkably acute, and the nervous system generally in a state of considerable excitement. Nights are still restless. Has been taking bitters, with carb. of iron, &c., for some time.

14. She is gradually, but rather slowly convalescing; some hysterical symptoms still persisting. The catamenia has not yet been restored. The tonic remedies &c. are to be continued.

Remarks.—The case just detailed I con-

sider as worthy of relation, by its affording interesting instruction, especially on two points. First, it evidences a rare example of the supervention of hysteria on the constitutional disturbance that ushers in variola. The violence of the hysteria may be judged from the fact of the complete suspension of the power of speech for the period of six days, and from its slow but gradual return to its wonted state of perfection, which it has now nearly regained. That the occurrence of this phenomenon was owing to the hysterical affection will hardly be questioned, since the existence of the latter was both then, and subsequently, unequivocally demonstrated by other phenomena that could not be mistaken; such as the wild, loud, and hysterical cry, with which she attempted to speak, the alternate crying and laughing, oftentimes immoderately, the exalted excitement of the nervous system generally, as evinced by a marked acuteness of hearing, amounting even to pain when words were uttered rather louder than usual, and an especial sensitiveness of the whole surface of the body, with globus, &c. But the question here occurs, whether the development of the hysteria is to be attributed to the pyrexia of the small-pox, or to the amenorrhœa, which, as has been seen, had existed for a period of two months. That the hysteria did not at least immediately originate in irregularity of menstruation is pretty evident, from the circumstance of the derangement of the uterine function persisting during even established convalescence. Its development may rather be referred to the fever, the system possibly having previously taken on the predisposition from the above, in conjunction, perhaps, with other causes. But although the vast importance attached to deranged uterine action as an exclusive, or even a chief, origin of hysteria, is justly exploded, it may still be considered as acting, to say the least, not altogether an unimportant part in its excitement as a predisponent cause. Hence its regulation, if possible, in all systems of treatment, should form, as it has formed with all enlightened practitioners, an indication, in every case, of primary moment.

Next, it adds another instance to the too many that are already on record, that vaccinia does not ensure a complete exemption to the system from a subsequent attack of variola. In proof of the genuineness of the variola in this case, notwithstanding the presence of a distinct vaccine indentation on one of her arms, I may simply enumerate the intensity of the febrile commotion that ushered in the eruption, the regularity of the progress of the latter to maturity and decline, coupled with the fact of each vesicle exhibiting the characteristic central depression. Although it must be confessed that in this case the eruption was not very extensive and distinct, cases are not unfrequently observed to run their course, where vaccination was never practised with an equal degree of mildness.

It may not here be out of place to state, that for the last year, and better, small-pox has prevailed epidemically, to an alarming extent, in Lisburn, and in the country for many miles around it, attacking indiscriminately the vaccinated and the unvaccinated, the old and the young. It exhibited itself chiefly under the confluent form, and the number of fatal cases were uncommonly large, occurring, principally, as they did, in those who had never undergone vaccination. It was observable, too, that in all the cases which were vaccinated, and were afterwards attacked by variola,—and these were a considerable number,—it ran its course both more mildly and speedily, the mortality being comparatively trifling, the vesicles still presenting their distinguishing characteristics. But from the fact of vaccinia being thus found inefficient, in all cases, as a preventive to infection, the common people have considered the having recourse to vaccination as useless, and the opinion has extended, and is extending, propagated, as it is, in particular places, by some of its officious, if not influential members, that safety alone resides in inoculating with the variolous virus. Thus in some parts inoculation has been practised rather extensively; and although, generally speaking, the result is more favourable, the disease passing through its course more mildly, yet instances of a more fatal termination are by no means rare. Besides, the practice cannot be too much reprehended, as it not only tends to abuse the public mind against what yet must be considered as a valuable substitute, but operates injuriously on society, by the propagation of a dreadful, and we would fain have hoped, a banished scourge. Viewing, however, as I do, vaccinia as an admirable and still efficient security against variolous infection, under particular circumstances, it may not be improper to mention what those circumstances are; and in doing so I only reiterate an opinion, subject, so far as my experience goes, to no exception, not lately advanced, and which has, of late, become rather popular, that when considerable febrile commotion is excited in the system, with inflammation in the course of the absorbent vessels and glands, in the inoculated extremity, and the evolution of pustules, either round the original vaccine one, or on other parts of the body, (phenomena which fully demonstrate that the system has been influenced by the vaccine lymph.) the most implicit reliance may be placed on its adequacy as a preventive mean against all subsequent infection. It were useless to search after any other sufficiently valid test of the genuineness of vaccine lymph, than its demonstrable tangible effects on the living economy.

With regard to the treatment of the case, there is little worthy of remark beyond the fact that, as no remedies of an active nature, for combatting the hysteria, could be had recourse to during the progress of the small-pox, it was left to take for a time its own course. This was the more to be regretted, on account of the molimina appearing when the eruption was about beginning to decline, as this would have been the proper time for resorting to those remedies best calculated to elicit the catamenial discharge, the accomplishment of which would have proved, doubtless, an important preliminary step towards a cure; but the taking advantage of nature's effort, at that time, by any active treatment, would hardly have been justifiable. Subsequently, considerable debility set in which demanded a tonic system of treatment; and as the restoring the healthy tone to the system was considered the best emmenagogue, few remedies pertaining to this class were resorted to. The practice of irritating the mammæ, recently so much lauded as an important means of eliciting the menses, through its acting sympathetically on the uterus, proved ineffectual; but at the same time it is right to state, that owing to the debility then present perhaps it had not a fair trial.

RHEUMATISM FOLLOWING GONORRHŒA.

To the Editor.—Sir, my attention having been drawn to a statement published in The Lancet of Saturday, January 16th, respecting gonorrhœal rheumatism, I beg to say that I think this disease does not in all cases arise from the administration of copaiba. There is at present a man in the *North-London Hospital* labouring under this disease, and who has been there for the last two or three weeks, and on my questioning him, he strongly denies ever having taken any of the above medicine. The treatment adopted by Dr. Elliotson in this case, consists in the exhibition of hydriodate of potassa, with manifest advantage. The most peculiar symptom in this case is a severe pain in the soles of the feet. The following is a short account of the symptoms peculiar to this form of disease, extracted from some rough notes taken at Dr. Elliotson's lectures at the University, when on the subject of rheumatism. "Rheumatism is very much predisposed to by gonorrhœa. This sort of rheumatism always affects the feet. It may affect the knees and hips also. It is also a very obstinate form. With this rheumatism there are generally attacks of superficial inflammation of one or both eyes. It is not iritis, and it is not purulent, but it is attended by copious watery secretion. Some persons never have gonorrhœa without this secretion."

There have been several other cases of this form of disease in the hospital during the last year, all of which have been successfully treated by the hydriodate of potassa. Should any other cases occur, I shall not fail to make inquiries, the result of which I will forward. I am, Sir, your obedient servant,

J. B. Samuel,
Student N. L. H.

Vauxhall, Jan. 23, 1836.

MEDICAL AID FOR THE SICK POOR.

PROPOSAL FOR ITS SUPPLY ON EQUITABLE PRINCIPLES.

To the Editor of The Lancet.

Sir,—Having been lately requested to sign a protest of the general practitioners in medicine of this part of the country, against the misrepresentations of the Poor-law Commissioners,—which, although in no way interested, except as the advocate of justice and humanity, I had great pleasure in doing; and having for many months past listened to endless discussions, and read an infinity of remonstrances, and letters, and complaints on the subject, I still think that the main points and strength of the case have been overlooked, and therefore should you think this letter of an impartial bystander worth publication, I beg you will give it a place in the first spare corner of The Lancet.

Every one will admit that our Government must have been actuated by the laudable desire of ensuring proper medical attendance to the sick poor of the country, and it remains to be seen whether their agents, the Poor-law Commissioners, have adopted the proper steps for effecting that national object, or whether they have not, on the contrary, sought to slur over the calls of true humanity, and, as I shall presently show, by practising on the fears of the established medical officer, driven bargains with him, and, on degrading terms, exacted an amount of duty which never can be rendered with the effect sought to be obtained, because in their rage for union and centralization, they have in many instances removed the sick poor as effectually beyond his eye, and out of his reach, as if the object had been to deny them all medical assistance whatever.

It has ever been easy to be charitable at the expense of others, and the game has too often been played of seeking popular applause, to the prejudice of justice. When the Poor-law Commissioners therefore claimed credit for economical reform, by advertising for the lowest tenders, and calling up the inexperienced needy adventurer from the schools, in want of a place, to un-

ferbid the established practitioner who had long been in charge, they handed over the sick poor to serve the purpose of the former's unprincipled speculation, or held him up *in terrorem* over the latter, with the view of imposing conditions upon him which he never could execute in fairness either to the unfortunate paupers or himself, but which, in order to preserve the practice on which he subsisted, he found himself obliged to submit.

This surely was intimidation and not justice—far less could it come under the denomination either of charity or humanity, and as it must be the aim of every parental government to protect all classes of its subjects, the numerous medical practitioners throughout the land have a right to invoke its protecting shield against their present oppressors, and this can be extended to them effectually, only in the way of a national enactment, providing medical attendance in every parish for all the paupers, whether sick or well, in the list, on equitable terms, at so much annual cost per head, and then the Commissioners, by selecting and appointing the best, instead of advertising for the worst, may exercise, and under proper regulations enforce, that humanity to which they were so falsely laying claim.

As a contract, take it in what way you will, always implies eventual gain to the contractor, every system of tender and underbidding must be bad, and in the long run the sick poor must be the only sufferers. The system I advocate, were it fairly entertained by the legislature, would be national, humane, and just to all parties. It has for ages, under certain modifications, been practised in the army and navy. It was, as I have witnessed, executed with the best effect amongst all communities of negroes throughout the West Indies, and I can conceive no good reason why, *mutatis mutandis*, it may not be brought into operation amongst the pauper population of Great Britain. One mighty advantage would be the simplification of accounts, of regulation, and of duty. All would be comprehended, without confusion or dispute, under one principle of action; and if the reciprocity of compensation and duty be justly poised, the sick poor would be duly cared for, and the medical attendant not degradingly, because not unjustly, rewarded. Any other plan than this must be fraudulent, as laying claim to charity, and that too without effecting the object, at the expense of the medical profession, while it cannot fail to involve the members of this last in perpetual contest with the poor-law authorities; they are seeking to impose, and the other to avoid, impossible duties, and all to the prejudice of the poor. This would be clear and intelligible to every one, and should it appear so to the profession, I hope they will arise, as one man, to seek the protection which its enactment would afford. I do not here enter into details to prove the foregoing, or to show that the best established practitioner of every parish, from his knowledge of the pauper's character, and the responsibility for his own, must ever be the fittest in the first instance, and should never be employed out of its bounds, or at least beyond his beat, for the sick poor require to be protected against neglect, as much as their doctor against oppression; but I am ready to do so should my statements be disputed.

Having, of late, avoided the topic, and ceased to read upon this tiresome subject (for nothing is so tiresome as the reiterated language of unredressed grievance), I really cannot tell whether the above proposal may not already have been laid before the public through some other channel; if it has, this letter will be superfluous; but if otherwise, its publication in THE LANCET may probably, in some degree, serve the cause of the profession. I have the honour to remain, Sir, your most obedient servant,

W. FERGUSSON, M.D.,
Inspector-General of Hospitals, H.P.

Windsor, Jan. 20, 1836.

MEDICAL POOR-LAW CONTRACTS.

LETTER FROM MR. RUMSEY.

To the Editor of THE LANCET.

SIR,—I have perused the leading article in THE LANCET of Saturday last relative to the mode of making medical contracts in the Poor-Law Unions, and beg, in reply, to assure you that much as I should rejoice to see some decisive step taken to bring the present state of parochial medical attendance under the notice and investigation of Parliament, I should not feel justified in coming forward as you propose, to call a public meeting of the profession in London.

My reasons are as follow:—

1st. In my official capacity, as Secretary to a Committee consisting of eleven members of the *Provincial Medical Association* (residing in eight different counties of England and Wales), I could, of course, do nothing without their joint approbation and direction.

2nd. I am quite uncertain whether their approbation to such a measure would be obtained, or whether they would consider themselves authorized to act in a manner not at all contemplated in their original appointment, which was for a specific object, viz. to *report* on this matter at the next anniversary of the Association.

3rd. It is also very doubtful whether a public meeting in the metropolis would ascertain the feeling of the great body of

country practitioners, very few of whom could attend, and still fewer could remain long enough to enter fully into the subject, which requires a particularly careful and calm discussion.

My own opinion with regard to the best course to be pursued on the occasion is, that associations of medical practitioners should forthwith be formed in every county or district, similar to those in Berkshire, Buckinghamshire, Sussex, the Wealds of Kent, and East Kent,—that meetings should be held by each association, for collecting evidence relative to the working of the present system; for devising the most effectual means for a remedy; and for taking *immediate* measures to bring their views before the consideration of Parliament, either by petition, or by direct communication with their local representatives. It might also be desirable for each association to appoint one or two *deputies*, who might meet in London, and who, being fully prepared for the discussion, might agree, *with effect*, on some plan to be submitted to the Legislature.

However, as I am desirous that your recommendation should have full weight, I have written to all my colleagues on the subject, and if anything should transpire from our consultation worthy of your knowledge. I shall not fail, with your permission, speedily to inform you of it.

As the appeal to me was public, perhaps my reply should likewise be so. I have the honour to be, Sir, your very obedient servant,

H. W. Rumsey.

Chesham, Feb. 1st, 1836.

CONDUCT OF THE APOTHECARY EXAMINERS OF MR. SMITH.

To the Editor of The Lancet.

Sir,—I trust the interest which you have always shown in the cause of medical students generally, and in the case of a late rejected candidate for the apothecaries' license, especially, will extend to an early insertion of this letter, as it touches very materially upon one point in the report of his case.

It was stated by the Chairman at the meeting at the *Crown and Anchor*, and again reported in your journal, that in the course of the examination of Mr. Smith, the indentures of the candidate were produced by the Secretary, Mr. Watson. I presented myself on the same evening as the gentleman alluded to. The proceedings commenced by each signing his name, testifying that all the certificates he had produced were correct. After this, and previous to the commencement of any one of the examinations, my indentures were returned to me, and I immediately left the table. Thus, having preceded Mr. Smith, I did not see whether his were returned to him; but from others who have passed the Hall, and, among those, one who presented himself on the same evening, I have ascertained that their indentures were returned after the same manner as mine. Now in my case, as in others, my examiner could not have perused my indentures a second time, unless I had voluntarily produced them, or Mr. Watson or some one else had picked my pocket while my attention was so very anxiously engaged; and in that case one or two circumstances must have taken place: either the candidate or his foster tutor, Mr. Meade, has made an incorrect statement,* or the indentures must have been retained specially for the purpose of their production in the manner described. If the first suggestion which I have thrown out be satisfactorily refuted by Mr. Smith himself, and he certainly ought to notice it, it will warrant the charge that his rejection was *premeditated*, and that animosity was entertained towards him by the examiners, ending in an act of foul injustice. If Mr. Smith vouches for the truth of the statement, the Secretary to the Society of Apothecaries will afford, as a matter of course, an explanation of this most extraordinary affair. I am, Sir, your obedient servant,

Investigator.

London, Jan. 28th, 1836.

* The latter gentleman has been engaged as private tutor sufficiently long to be well aware that the production of the indentures could be only compatible with great irregularity in the customs of the court, and I certainly ought to have commented upon the statement at the meeting.

MEDICAL MAGISTRATES.

Sir,—As the champion of the general practitioner, I address myself to you on a subject which interests our profession. I understand that the Lord Lieutenant of this county refuses, most peremptorily, to hear of any application made to him on the part of any member of the medical profession, for an appointment as magistrate. Has his Grace's elevation precluded him from knowing that this class of his Majesty's subjects is as well educated and more generally informed than most others, and that their conduct, their habits, and their means of acquiring a knowledge of mankind, are not excelled by those of any other? Upon what ground, then, does his Grace object to the medical practitioner? We know, for we have had many examples, that any illiterate retail trader whose success in business has enabled him to become possessed of a freehold property of the value of 100*l.* per annum, professing *Tory* principles, has no difficulty of mounting the bench.

An old law which excused medical men from serving on juries, and performing the duties of parochial offices &c., and which was then intended as a boon, has of late years been converted into a reproach by the ignorant. The office of coroner was formerly frequently held by the medical practitioner.

I am very happy to see by the late municipal returns that many of the towns have appointed medical men as councillors; and I trust that, ere long, our body will take that station in society, and assume that importance, to which its intelligence and moral character entitle it. I am, Sir, yours &c.

MEDICUS.

London, Jan. 23, 1836.

PETITION FOR REMUNERATION AT CORONERS' INQUESTS.

To the Editor of THE LANCET.

SIR,—I take the earliest opportunity to inform you that at a Committee meeting of the *Berkshire Medical Association*, held this day at the *Reading Dispensary*, the following petition was prepared for presentation to the House of Commons. I am directed to request that Robert Palmer, Esq., will do us the honour to present it, and also to furnish a copy to all the members in the county, with an earnest solicitation of their support. I have the honour to be, Sir, your obedient servant,

GEORGE MAY.

Reading, Feb. 2, 1836.

To the Honourable the Commons, &c.

The Petition of the undersigned Medical Practitioners resident in Reading and its vicinity, and in other towns and villages in the county of Berks,

Humbly showeth,

That your Petitioners have been at all times willing to further the due administration of justice in their attendance on Coroners' Inquests.

That the duties which thus devolve on your Petitioners are highly important and responsible, requiring the possession of extensive knowledge, and the devotion of much time and anxious labour.

That your Petitioners are advised and believe, that the law in its present state does provide a remuneration for their services at Coroners' Inquests.

That your Petitioners respectfully approach your Honourable House, with the temperate but earnest language of complaint and remonstrance, humbly beseeching you to supply a remedy against the injustice which they thus suffer, and to enact the award of such equitable remuneration as in your wisdom may seem meet.

And your Petitioners will ever pray, &c.

ALDERSGATE SCHOOL OF MEDICINE.

LETTER FROM DR. CUMMIN.

To the Editor of THE LANCET.

SIR,—My name having been very unceremoniously introduced into your last number by a writer signing himself "An Attendant at the Aldersgate-street School," you will perhaps allow me to set this person right with respect at least to his principal misstatement.

The fact is this. When I quitted the theatre on Wednesday last, after lecture, found in the museum a student who said he wanted to put a question to me, and hoped would answer it. I assented. Upon which, to my surprise, he began with, "Understanding, Dr. Cummin, that you are part editor of the *Medical Gazette*, in which an article has appeared"——. I at once cut short the speaker to demand what right he had to address me in that form; I pointed out to him the impropriety of his conduct, and added that it was highly impertinent in him or anybody else to impute to me the authorship of any article appearing without any signature in the *Medical Gazette*.

Such was the whole amount of what passed; Mr. Skey and Mr. Furley, who were present, can vouch for the truth of what I state. The latter part, consequently, of your anonymous correspondent's letter, beginning with, "It is but just to Dr. Cummin," &c., is totally unfounded—pure and gratuitous fiction. I am, Sir, your obedient servant,

W. CUMMIN.

February 1st, 1836;
24, Great Russell Street, Bloomsbury.

Dr. Cummin having submitted to our perusal the preceding letter, we can guarantee the perfect correctness of the statement which it contains.

F. C. SKEY.
EDWARD FURLEY.

Aldersgate School of Medicine;
February 1st, 1836.

THE LANCET.

London, Saturday, February 6, 1836.

Two or three weeks since we were instructed to believe, by the hirelings of the corruptionists, that the draft of the charter of the new Metropolitan University was in a state of forward preparation, and, more-

over, that the preliminary labour had thus far been executed by the *enemies* of medical reform. The charter was to be out in a few days, and its machinery was to be set in active motion by the wily fabricators, and the partisans of the two chief medical corporations. Yet there is no charter, and there is no person beyond the precincts of the Privy Council Chamber, who can obtain a glimpse of such a document. Let us hope, then, that discussion, exposition, and a little salutary agitation, have been productive of some advantages to the community. If this matter had been left to be settled quietly in holes and corners by the intriguers, the charter long since would have received the sign manual of the King, and a precious charter in all probability it would have been. Not that the Ministers have no desire to do justice to the public in this transaction, but because it is quite clear, from what has already transpired, that they were not acquainted with, or had not sufficiently investigated, the laws which the new institution was designed to effect.

Anticipating that some such obscurity of the intellect prevailed on this subject in the Cabinet, we insisted on the production of a draft of the intended instrument, and we now unhesitatingly contend that the prerogative of the Crown with respect to charters, is grossly abused, and brought into public odium, when it is exercised secretly, in consummating measures which affect the general interests of the people. If nothing wrong be intended, whence the necessity for concealment? But the mere endeavour to carry on the work secretly is proof, *a priori*, that something wrong is intended. If Charters are to be privately constructed, why also are not Acts of Parliament? In both cases there is an equal reference to the principles of legislation, as well as to the details by which the laws are to be executed.

The monopolists of our colleges must be sorely perplexed on finding that the predictions of their hireling tools have not been verified, and they may now, perchance, if they be not totally blind, discover, that in the very hesitation of the executive, is to be found one of the best proofs of the honesty of the Ministers. It is now sufficiently evident that the advisers of the Crown have not been entrapped, whatever may have been the number of snares set for their discomfiture and betrayal. At all events, it will be found, ultimately, we apprehend, that the opponents of instituting a liberal University in this metropolis, will not have the misfortune to be the chief labourers in the work. Even if their evil genius have been consulted in the *design*, their *plans*, we can assure them, *will not be adopted*, so that neither from their heads nor their hands will any auxiliary aid be solicited or obtained.

Although we were told, again and again, that the charter was near its completion, yet no hint was given of what would be its conditions, and the friends of the new institution were exposed to the incessant torture of conjecturing its contents. There was much of discretion manifested in this studied silence, experience having but too long proved that arrangements in medical government which were suited to the feelings and practices of our two detested medical colleges, would at once be spurned with indignation by nineteen twentieths of the profession. A popular liberal government would hardly trust, in so important an undertaking as that of founding a new University, the rump of that most intolerant faction, which, even now, by its prejudices and bigoted conduct, is daily throwing an additional burden of degradation on the governing councils of the Colleges of Physicians and Surgeons. Throughout the progress of the discussion on the new project, we have not for a moment doubted the integrity of the CHANCELLOR of the EXCHEQUER and his colleagues. But it occurred to us that they stood in need of some wholesome advice. It was imagined that they would start the new institution with

precipitancy, — that a sinister influence might establish and work out the governing principle, and the dangers were magnified in our view by supposing that the well-meaning founders commanded but a very imperfect knowledge of medical law, and of the multifarious circumstances which are connected with the existing chartered corporations. The contrivers in this instance, on both sides of the question, have appeared to imagine that it is as easy to manufacture and set in motion a new metropolitan University, as to puff out a soap-bubble, and float it in the air. The minds of these persons, however, it is evident, have not been applied to the most intricate or weighty parts of the subject, or, possibly, the most active of the advisers of the CHANCELLOR of the EXCHEQUER have consisted of two descriptions of persons,—one anxious that the institution should be imperfectly founded, in order that it might experience a speedy downfall,—the other, less anxious regarding the general interests of science and the community, than for the success of one or two favourite institutions. Placed between the clashing views of individuals whose minds were thus biassed, the Ministers have not had an easy duty to discharge. The delay, therefore, which has occurred in executing it, must induce every unprejudiced person to believe that they would not willingly lend themselves to forward the sinister schemes of either faction. We still hope and believe, therefore, that the advisers of the Crown will go straight forward in their undertaking, fearlessly, boldly; disregarding the threats of enemies on the one hand, and the interested entreaties of friends on the other. A more glorious opportunity for founding a national institution, dedicated to literature and the sciences, never offered itself to a body of enlightened statesmen, and as the enemies of reform have conceded a principle, difficulties there can be none where there is found comprehensiveness and vigour of intellect.

We are presuming, however, that there is honesty of purpose, that there exists on the part of the executive authority an ardent love for the diffusion of knowledge, and, in the pursuance of that great and divine object, that there shall be manifested a display of contempt and defiance towards every individual who presumes to occupy a position which is detrimental to the hopes and prospects of the majority of the nation. If the new institution be based upon just principles, it will not so much be the University of London as the University of the Empire, whose inviting portals will receive without distinction the sons of genius and intellectual industry. If it be designed to give an impetus to the progress of knowledge, why, we ask for the hundredth time, should its utility be lessened, its splendour be clouded, by the imposition on students belonging to certain schools, of a peremptory curriculum? The system of education should remain as free as the air; and the certificate system, as it is at present carried into operation between the schools and the colleges, ought to be annihilated for ever. What is it, in fact, but a tax which operates prohibitory of honours, of fame, and of fortune, against the natural talents and prospects of the poorer members of society? This question should be answered unrestrainedly by every advocate of the certificate system, and if the answer contain no refutation of the principle for which we contend, let us have an institution which shall be devoted to the interests of the nation, and not dedicated to the sordid interests of a monied aristocracy.

IN THE LANCET of last week, we inserted a note at page 727, signed "An Attendant at the Aldersgate-Street School," in which reference was made to the alleged disclaimer of a Dr. CUMMIN, that he was in any way connected with the trashy thing printed every week, called "The Medical Gazette." A note will be found, on the same subject, in the present Number of THE LANCET, from Dr. W. CUMMIN himself. In this last

production, there is a contradiction of a portion of the statement which was contained in the one first published. But what is to be inferred from the remainder of the epistle? We put the question, in order that it may be answered by the party who is most deeply interested in the affair. Before, however, any reply can reach us from that individual, it is our bounden duty to inform Dr. W. CUMMIN, that it has repeatedly been stated to us that he is the coadjutor of MACLEOD in printing the attacks which systematically appear in "The Medical Gazette" against the general practitioners of this country. Out of mere mercy to Dr. W. CUMMIN, and from a dread of subjecting ourselves to the reproach consequent on giving currency to an incorrect accusation of so serious a character, we have hitherto refrained from coupling the name of CUMMIN with that of MACLEOD in the work of slandering—perseveringly and systematically calumniating,—the general practitioners of medicine in this empire. Every man of honourable feeling would shrink, instinctively, on hearing that it had been rumoured that he was the writer of the articles in, or was in any way connected with, the editorial department of so infamous a work as "The Medical Gazette." Even MACLEOD, it will be recollected, sent, whiningly and cringingly, to the Editor of THE LANCET, protesting that he had ceased to be the hack of the booksellers in Paternoster Row. Even RODERICK MACLEOD hastened to rid his pure character from the imputation of being the fabricator of a journal, in which, at the command of employers attached to the "recognised" hospitals, attempts had so long been made to hold up to derision and scorn the professional character of the great body of English medical practitioners. MACLEOD knew, and had long been made to feel, that he had, on many occasions, contrasted the "eminent names" of writers who had figured in the columns of the subscription journal, with the comparatively "unknown," but not less respectable names, which were attached in the pages of THE LANCET to many of the best medical productions that had ever been printed in the English language. In the eyes of the Editor of "The Medical Gazette" (the poor devil was whipped to his work), a knowledge of the science of medicine and surgery was confined to "hospital" physicians and "hospital" surgeons. Like his friend and colleague BENJAMIN BRODIE, he treated general practitioners as a "subordinate" class of men, and—not stopping there,—with a malignant cowardice never equalled in the annals of literary or controversial turpitude, finding that he was incapable of coping, in arguments and statements of facts, with the advocate—many years the only advocate—of general practitioners, the writer of the editorial articles in "The Medical Gazette" became a moral assassin, and insinuated a charge against the character of the advocate of the general practitioner, which a malignant and cowardly spirit would not allow him to make openly, and under circumstances of just and honourable responsibility. There continued the despicable slanderer, whoever he may have been, behind the shield of, as he hoped, an impenetrable ambush. The disgust and indignation, however, of the maligned majority of the profession, took a direction which prompted RODERICK MACLEOD to assert that he was no longer editor of "The Gazette." In a moment of virtuous regret, or of Scottish prudence, he tried to escape from the responsibility of the connection. Suddenly struck with horror at his position in society, he retreated from the bar of public scorn, with as much precipitancy and rapidity as he flew to the Police Magistrates of Marlborough-street, from the horsewhip of Mr. MACHRISTIE. Whether, in denying his connection with "The Medical Gazette," the statement of RODERICK MACLEOD was true or false, it has not been necessary, from that period, to make his conduct and character the subject of more than an occasional cursory remark. Who

ever may have been the writer of "The Gazette," whoever may have been guilty of the baseness and cowardice of attacking the private character of the Editor of THE LANCET, because that Journal was strenuous and persevering in support of the rights of thousands of English surgeons against the encroachments of the Colleges, and the insults offered to them by the functionaries of the Hospitals, the slanderer succeeded in destroying his own; at any rate, of causing the bare suspicion that any man could be the author of so much infamy, to be converted into the means of his own professional ruin. When RODERICK MACLEOD ceased to be the Editor of "The Medical Gazette," we know not; but we believe that the most that can be said of him at present is, that he has the opportunity of administering "bread pills" to some of the patients of *St. George's Hospital*. He is *one* of the sufferers in that establishment. His fate is redolent with instructive warning.

But to return to Dr. W. CUMMIN. The contents of his note, we tell him frankly, are of a suspicious description. He has taken a step which requires that he should advance farther, or sink back at once into the abyss of odium in which the report of his being connected with "The Medical Gazette" had thrown him in the minds of the students. There is no escaping from the dilemma but by making an unqualified declaration that he has no official connection with the editorial department of that production. Unless he be in a condition to publish such a disclaimer, he will probably spare himself many years of anxiety and fruitless toil, by at once taking his departure from this metropolis, and returning to his native country. Neither the soil of England, nor the feelings of the bulk of his professional brethren, will be found at all congenial with his professional pursuits and interests. We trust, therefore, that the next communication of Dr. W. CUMMIN will be sufficiently expurgatory of the stain which still lodges upon his reputation. Already he seems sensible that the bare suspicion of his connection with the editorial office of "The Medical Gazette," demands the substantiation of a contradiction offered under his own name, by the testimony of two witnesses. He has already made a true estimate of what must be the certain consequences of a connection with the pestiferous and odious journal in the pages of which the signs of cowardice, falsehood, and malignity, have been regularly traced by the pen of a concealed low-minded slanderer.

In the notices which have appeared in the journal so frequently named in the course of the foregoing remarks, of the great meeting of medical students held at the *Crown and Anchor*, the consistency of that work, in its love of calumny, is strikingly apparent. Not content with falsifying the conduct of the gentleman whose temperate and admirable behaviour conferred a dignity on the deliberations of that assembly, which could not have been adequately derived from any other source, the maligner of the students, the defender of the unjust conduct of the Apothecaries' Company, the systematic advocate of the abuses of our hospitals, and the corruption of our corporations,—this contemptible slanderer of the bulk of the English medical profession, must necessarily display his viperous poison in making an attack upon Mr. LISTON, only because that distinguished surgeon was present at the meeting, and, by his presence there, showed that he sympathized with the insulted students, and was desirous that their privileges should be placed upon a just and secure footing. In taking part with the students, Mr. LISTON has committed a heinous offence, and he must therefore be made the subject of a certain portion of vituperation. Accordingly, amongst the imputations which are thrown out against the purity of that gentleman's motives in attending the meeting, is one which charges

him with having been actuated by a fellow feeling with one of the aggrieved parties. "Was there," says the slanderer, "any "kindred grievance to be complained of? "Had there been a recent rejection, a "double one, of a candidate in Lincoln's-"inn-fields, to irritate the feelings of the "'celebrated surgeon' of the North, and all "at once to drive him into the ranks of "medical reform?" In the outpouring of his envy and malignity, the hired scribe has forgotten that the meeting did not concern a "recent rejection" in Lincoln's-inn-fields, but one at Rhubarb-hall. And from whom did he obtain his information relative to the "rejection" at the College of Surgeons? Why does he conceal the facts? *Why!* Because a simple statement of them would overwhelm his employers with disgrace. True, a student was lately rejected at the College of Surgeons, after two pretended examinations. And under what circumstances? The young gentleman had been upwards of six years in the profession, and his time had been thus bestowed;—

He was five years the private pupil of a distinguished hospital-surgeon in Edinburgh.

He had been nine months dresser in the Royal Infirmary of Edinburgh.

During nine months he was the clinical clerk of the surgeons of the Royal Infirmary.

During eighteen months he was physician's clerk in the same institution.

He regularly attended all the medical classes in Edinburgh, and constantly dissected during long periods in Edinburgh and London.

This gentleman was rejected. Because he was not qualified? No. But, as *we* believe, and probably *as the profession will believe*, because he had been the private pupil of Mr. LISTON, and thus the persecuted student was made the medium of attacking the character and reputation of the teacher. The pre-eminent qualifications of the candidate are well known. No doubt can be entertained of his perfect capability to undergo a fair and impartial examination. Nay, we can prove that one of the Examiners at the College of Surgeons, who was present on the occasion in question, has since declared that the young gentleman "had fairly mastered his examination." Yet he was subjected to the pain and mortification of a rejection. If the examiner who was the author of the cruelty, be exulting in his success, we tell him that the termination of his triumph will be the infliction of a lasting disgrace on his character, if he be not instrumental in procuring for the rejected student a public examination before an impartial public tribunal. SUCH A SCRUTINY IS NOW CLAIMED BY THE CANDIDATE, AND WE ARE AUTHORIZED TO MAKE THE DEMAND PUBLIC. The candidate is ready, willing, and solicitous of proving that he has been the victim of injustice, and all eyes will now be directed towards the parties who are stigmatized with being his persecutors. Had the young gentleman been a private pupil of any one of the surgeons either of *St. Bartholomew's Hospital, St. Thomas's Hospital,* or *Guy's Hospital,* had he been clinical clerk to either of those surgeons, or had he produced an enormous roll of "certificates" from the surgeons of either of those hospitals, who can or will believe that he would have been rejected? Had he been placed under the circumstances just stated, some eight or ten very simple and ordinary questions would have been asked, and there the scrutiny would have terminated; but in the case of this young gentleman, a thrust was to be made at Mr. LISTON, whose appearance in the metropolis has disturbed the nerves of the whole of our "consulting" surgeons, with the exception, probably, of Sir ASTLEY COOPER and Mr. WARDROP. The fame of Mr. LISTON has already extended throughout Europe, as an operator and a pathologist, and, placed as he was, at the moment of his arrival in this metropolis, by his previously-established fame, in one of

the most prominent places in the first rank of his profession, no art, no contrivance, no misrepresentation, of which the monopolists can be the authors or the inventors, can have the effect of checking the course of his brilliant and successful career. On the contrary, the attack which has been directed against him in the person of his pupil, is an acknowledgment of his reputation and power. It is a concession which the force of genius has extorted from prejudiced and tainted minds, and were it not for evidence of this undoubted and unquestionable character, we might be incapable of judging to what extent or to what purposes the minds of the hospital surgeons of this metropolis had been excited by the honourable appointment of Mr. LISTON to the office of surgeon in the hospital of the "University of London."

In publishing the letter of Mr. RUMSEY, (page 747) we have only to remark that his plan would be perfectly unexceptionable were there time for carrying it into execution. We hope, therefore, even yet, that either himself, Mr. YEATMAN, or some other gentleman who has devoted his attention to the subject, will act upon the suggestion which was submitted to the profession in the last number of THE LANCET. It is quite certain that there is not now sufficient time to form county associations, whose opinions could be brought to bear with sufficient effect on the decisions of Parliament. If the meeting were convened in the metropolis, Mr. RUMSEY would find that many hundreds of medical practitioners would be present. It is a question in which the entire medical body takes a deep interest.

The disciples of HAHNEMAN are becoming as numerous in this metropolis as, and not more so than, those of the late wild-headed EDWARD IRVING, and, apparently, from the same cause, that is to say, the author of the scheme obtains the sanction of his dupes to some of his nonsensical hypotheses, through first seducing their assent to some common-place principles which all admit to be incontrovertible. Whatever *is new* in the homœopathic system evidently is *not true*; and whatever is true, may be found in medical writings from the days of HIPPOCRATES to those of SYDENHAM, or from the time of SYDENHAM to that of CULLEN.

Since writing the above remarks we have received the following statements from one of our reporters. We beg those members of the profession who may think the matter worth a moment's consideration, to remember that the "new" light is not that of *homœopathy* simply. The *proper* name for the mania is HAHNEMANISM.

The discussion at two of the metropolitan medical societies at their last meetings have ended with remarks on the subject of Hahnemanism, Dr. Uwins bringing it forward in the *Westminster*, and Mr. KINGDON in the *London Medical Society*. Both those gentlemen seemed to think that it would be well for the profession to inquire into the merits of the new doctrine, particularly as "a number of influential merchants and others in the City of London had become advocates of the system. One of them had lately experienced some relief in a cutaneous affection, from adopting the treatment of a German doctor, and had wholly dispensed with the attendance of the surgeon to the family, because that gentleman declined to treat the children on the homœopathic principle!" Mr. KINGDON related other cases of a similar kind. He certainly considered, he said, that it would be proper, from the influence the system had obtained over the minds of many very intelligent men in this metropolis, to prove its merits. We have heard that "the *new* system" is a subject of common talk "on 'Change." Dr. UWINS states that he was convinced that Dr. QUIN, one of the Hahnemanists, was not likely to be led away by imagination or charlatanic views. He was also in consultation with Dr. DARLING a short time since, when that gentleman ordered three minims of the liquor ammoniæ acetatis in a mixture for a child, asserting at the time that he had found it exert more diaphoretic power in such doses than in larger.

It was also stated by a Member of the *London Medical Society* that several of his patients had placed themselves under Hahnemanists, and that he knew two physicians of eminence who, after being unsuccessful in the treatment of several cases, recom-

mended their patients to try the homœopathic system. Considerable amusement was afforded by the statements of several members who considered the system "fudge." But several treated the subject very seriously.

A Manual of Experiments illustrative of Chemical Science, systematically arranged, &c. By JOHN MURRAY, F.S.A., F.L.S., F.H.S., F.G.S., &c. 3rd Edit. London, Highley, 1836.

THE author of this little work is a kind of admirable Crichton in his way; there is no article of the encyclopædia that he has not written upon. Appended to the volume before us are notices of not less than fifteen treatises by the same author on subjects relating to chemistry, natural history, experimental philosophy, medicine, navigation, theology, and the inferior mechanical arts!

The *opusculum* itself is an epitomized epitome of chemistry, a selection of the plums from the pudding, a means by which, without the pains of thinking, any idle fellow may attain a sufficient modicum of practical chemistry to astonish young ladies and little boys. Every mamma, happy in the possession of a son with an uncommon genius for the explosion of squibs and crackers, and the ignition of prosphorus, cannot do better than present him with this important volume.

NEW OPERATION TABLE.—Those who are familiar with the scenes of confusion, and know the want of system, which daily prevail in the majority of the operating Theatres of the Metropolitan Hospitals, will feel much gratified by inspecting an apparatus, which has been contrived by Dr. VEITCH, a model of which is now at the Admiralty. In conducting surgical operations, we generally observe either a most ostentatious and ill-timed display of instruments, or an affectation of simplicity of means for accomplishing the intended purposes, so that when any unforeseen accident occurs during an operation, the requisite instruments are not at hand. The ingenious contrivances of Dr. VEITCH obviate all those difficulties, combining in a small space not only a Table which is well adapted for all surgical operations, but having underneath the table, and invisible to the patient, a set of compartments sufficient to contain every kind of surgical instrument. The table is so contrived that the head of the patient can be elevated to any angle, and its length may be altered according to the height of the patient. The compartments are each marked with their particular contents, so that any assistant can at once supply the operating surgeon with whatever instrument he may require. Although Dr. VEITCH, who is an experienced Navy Surgeon, has designed this admirable table for the use of surgeons of the Navy and Army, yet it is equally applicable to all public Hospitals, and may be most advantageously possessed by all medical gentlemen in extensive general practice.

HOSPITAL SAMARITAN SOCIETY.

"There has existed for many years at the *London Hospital*, Whitechapel, an association of extreme utility, most highly creditable to the projectors, styled the *Samaritan Society*. Its object is the relief of circumstances of distress in persons presenting themselves at the hospital, which cannot be provided by the Institution itself. For instance; domestics who have been obliged, by sickness or accident, to quit their places, when discharged from the hospital, are frequently without the means of support until other places can be procured. Many patients are so destitute as to require partial clothing before they can leave the Institution. Many are natives of distant parts, and, without assistance, would be unable to reach their parishes. Innumerable inducements exist for the formation of a society of the like nature, in connection with the *North-London Hospital*. Time, however, has not been afforded to organize a plan, though a subscription for the purpose was set on foot soon after the opening of the hospital, the disbursement of which has been judiciously attended to by the Matron (Mrs. Hunt), to whom, until the Society is formed, it is respectfully requested that contributions (most acceptable, however small the amount) may be forwarded." We add, our most cordial recommendation of the object, to the humane.

ROYAL INSTITUTION.

Friday, January 22, 1836.

SILICIFICATION OF PLANTS.

THIS was the first meeting, for this season, of the members in conversazione. We observed amongst the visitors many of the most distinguished *literati* and *illuminati* of the day. *Dr.*, or rather *Mr.* Faraday (for we understand scruples of conscience interfere with the full acceptance of the Oxford

diploma by this gentleman), selected for the subject of this evening's lecture, the changes effected in fossil plants, which process he, in common with Dr. M'Culloch, has called the *silicification* of plants.

Silex or *silica*, or, in common parlance, *flint*, as the professor said, is one of the most common of substances; it abounds in sand, in clay, in crystal, and in various earths; it also circulates in, and is secreted by, living plants, as, for example, the grasses. The properties of this substance are very suitable to so general a constituent of nature; it is insipid, inodorous, and resists the action of ordinary reagents. It also resists, to a greater degree than any other compound substance, the influence of heat. Mr. Faraday has never succeeded in reducing it to a gaseous form, and is disposed to think the experiment quoted by Dr. M'Culloch as fallacious. As Dr. M'C. succeeded in only one instance in sublimating the silica, probably the presence of calcareous matters might account for the deposition on the surface of the receiver. Silica may be reduced to a very fine powder, and the lecturer exhibited a quantity in a state of extremely minute division. It is, as already intimated, a compound body, consisting of an element called *silicon*, and oxygen. This silicon is a brown metalline body, not acted upon by water,—a circumstance in which it differs from other bases of earths. Silica, with the exception of *calx*, is the most general constituent of nature; it constitutes almost the entire of flint, agate, calcedony, amethyst, and each crystal. Flint is discovered in great abundance in the fissures of the chalky strata, being distributed in laminæ, which lie occasionally parallel to those of the chalk, and occasionally dissect them at various angles, cutting up the chalk into rude squares, rhomboids, and other mathematical forms. Nodules of silica, in the form of agate, are found in the middle of other stones, where it exhibits a beautifully crystalline disposition. In calcedony, a form of silex familiar to many, the soft character of the outline shows the substance to have been once plastic. One character is peculiar to silica, that of forming glass when in union with a common alkali; when thus united, it is soluble in water, and it may be precipitated in the form of gelatine, by the addition of an acid. This gelatine contracts in dimension as it solidifies. The proper subject of the lecture was the silicification of plants, or that delicate and unexplained process by which the original matter is removed, and supplanted by siliceous deposit. This species of *substitution* has nothing similar to it amongst any of the phenomena of nature; it is so particularly delicate, that the botanic character of the plant is perfectly preserved, all the vessels, fibres, &c., being in form and colour an exact transcript of the original structure. The most skilful manipulation could not macerate, or, in any other way illustrate, the organic vegetable derangement, without injuring the parts to an infinitely greater degree. Several examples are extant of fossilized woods, both of the endigenous and exogenous classes. These are preserved in all stages of growth, from the germ to the mature tree, and in all degrees of decay, even to the most fragile touchwood. What is remarkable, is the conservation, not only of the actual solid, but of the *area* of the vessels, which are filled up with white, or semi-transparent agate. In the decayed woods, the deficient parts are also represented by the same kind of agate. Dr. Turner has formed an hypothesis for the solution of this interesting process. He supposes these fossils to be formed in such situations as are exposed to the action of silica, dissolved in the alkalized streams of water, which are sometimes met with. Many considerations are opposed to this supposition. These fossils are always produced deep under the surface of the earth, away from the influence of air and water; the theory of infiltration will not account for the fossilization of such very tender and perishable parts as the seminal leaves of a plant. The infiltration of these plants would, as far as our present knowledge of physics intimates, require many years for its completion,—a circumstance inconsistent with the accurate preservation of evanescent structures. Mr. Faraday is of opinion, that we have no knowledge whatsoever of the nature of this process. He thinks our only mode of inquiry must be confined to an examination of silica, in order to an exposure of some of its occult properties. A careful search also may develop some specimen of fossilization, where nature has been impeded in her proceedings, and her nostrum betrayed, the change being exhibited as it were *in transitu*. The instances of recent fossilization, which have as yet been produced from various places, are mere incrustations of calcareous or even of siliceous matter, where there has been no preservation of organic forms, none of that beautiful and incomprehensible *substitution*, which, while it excites our admiration, baffles our curiosity.

Several splendid specimens of fossilized wood were kindly furnished for the occasion by Mr. Brown, the celebrated naturalist, and Sir Francis Chantrey, the distinguished sculptor.

LONDON INFIRMARY FOR DISEASES OF THE SKIN.

(*From a Correspondent.*)—A public meeting of the friends of the above-named institution, in aid of its funds, was held on Monday evening last at the Committee Room, 51, Great Ormond Street, J. C. Carpue Esq., F.R.S., in the chair. The venerable

chairman opened the business of the meeting with an able address, explaining the objects of the institution, and earnestly inviting its friends to come forward promptly in its aid, almost the whole of the expenditure, since its revival, having been hitherto defrayed by the medical officers. He stated his expectations, that if well supported by the public, it might, ere long, equal in public utility the great hospital of *St. Louis* in Paris,—and mentioned the researches which had been lately made by Dr. Litchfield, and some of his colleagues, on the itch insect, the existence of which had been fully demonstrated by him.

The secretary, Mr. BRENT, then read a report on the state of the charity, which had been the means of relieving a great number of patients, in many of whose cases a complete cure had been effected. He stated that he had great hopes of public support in behalf of the infirmary, and that the attention he had received in his canvass in the immediate neighbourhood, and the interest its re-establishment had excited there, had greatly exceeded his expectations. He read letters which had been addressed to him from the Duchess of Kent and the King of the Belgians, who have been graciously pleased to extend to it their patronage, and also one from Sir John Conroy, announcing his assent to become a vice-president, agreeably to the request of the Committee.

A number of gentlemen added their names to the list of subscribers, and it was determined that the present meeting should be only preparatory to one on a much larger scale, to be held shortly at the *Thatched-House Tavern*, or some other public room, at which the president, or one of the vice-presidents, should be invited to take the chair.

NORTH-LONDON HOSPITAL.

ERYSIPELAS OF THE HEAD.—REMARKABLE EFFECTS OF THE EXTRACT OF BELLADONNA.

MARY PECKS, aged 32, was admitted under the care of Mr. LISTON, on the 21st of January, labouring under severe erysipelas of the head and face. The patient was admitted into the hospital on the 30th of October, last year, for a similar attack, affecting the same parts; she was then very successfully treated with tartarized antimony, incisions, and fomentations. The attack was probably not more severe than the present one, in the first instance, but it had been allowed to proceed for four days without the administration of any remedy. The convalescence was rendered rather tedious, from collections of matter forming in various parts of the scalp. She was, however, discharged, quite well, on the 22nd of Jan. 1835, and remained in good health until the evening of the 20th of Jan. 1836, when having left the house very thinly clad, she suffered considerably from the cold. During the same night she was seized with rigors, which were succeeded by heat, pain, and tingling of the head and face: on the following morning her face was so much swollen that she could not see. On being brought to the hospital on the afternoon of the 21st, her whole face and scalp were enormously puffed, and very tense; her eyes were completely closed, the pulse 110, the tongue covered with a thick yellow fur, bowels open from medicine. She was wild and restless, and her hearing appeared to be morbidly sensible; she answered questions put to her, in a vague and hurried manner. Fomentations were applied, and a quarter of a grain of tartarized antimony in some saline mixture was given every hour.

22nd. Has passed a restless night, complains of the pain being more smarting; pulse 100; tongue still furred but moist. She was now ordered a mixture containing one grain of the extract of belladonna in sixteen ounces of water, of which two tablespoonfuls were given every three hours. The eyelids to be freely punctured, and to continue the fomentations. A ring of the nitrate of silver was drawn around the neck.

23. Very much improved, has passed a good night; the swelling and redness are greatly diminished, the surface appearing wrinkled; pulse 96; tongue still furred; bowels open. The patient says she is very much better. A small quantity of pus, which had collected over the right parietal bone, was evacuated.

24. Rapidly improving; swelling and redness nearly gone; pulse 96; bowels not open; to have a dose of house-medicine. Convalescent; discontinue the mixture.

In going round Mr. LISTON remarked that this was one of the most satisfactory and successful cures of erysipelas he had ever seen, the disease entirely, though not suddenly, disappearing in the course of a very few days. He was inclined to attribute this to the treatment, both local and general, which had been adopted, but more particularly to the administration of belladonna. This, the students might be aware, was given on the homœopathic principle, the doses only being somewhat increased. They had all probably seen the good effects of the aconite, and some of the other remedies employed by the advocates of homœopathy.

DISLOCATION OF THE HUMERUS ON THE DORSUM SCAPULÆ.

This rather unusual accident lately occurred at this hospital, to a woman, who stated that she had fallen on the point of

the right shoulder. The humerus was dislocated on to the dorsum of the scapula. The following symptoms presented themselves:—A hollow underneath the acromion, and a large firm tumour, resembling a small orange, on the dorsum scapulæ, beneath the spine of the bone, and which moved on rotating the humerus. The arm fell nearly perpendicularly, the elbow pretty close to the side. Mr. MORTON, the house-surgeon reduced the dislocation, by an assistant fixing the scapula and grasping it with both hands. Extension was then made by Mr. M., from the hand with the arm held out at right angles with the body. The head of the bone returned with a very audible snap. The arm was then slung, and fomentations were applied to the joint.

To the Editor.—SIR,—Having been absent for some weeks in the country, my attention has only been lately directed to a paragraph in your journal, referring to the note of mine which you did me the favour to insert. You may remember that the note in question related to the numbers of the pupils in attendance at the new anatomical school in Kinnerton-street. I stated that there were 42 *bona-fide* pupils, independently of others to whom the lecturers had *given* tickets. It appears that you have received several letters impugning this statement, and implying that the number of *bona-fide* pupils is not so great as I represented. Now, Sir, I repeat, upon my word of honour, that what I stated is strictly correct, and that the number of gentlemen who have actually paid their money for their tickets *does* amount to forty-two. Besides these gentlemen, twenty-three others are in attendance, making in all sixty-five. As my accuracy has been called in question, you will, I am sure, permit me thus publicly to repeat my assertions, and again to refer to the books which lie on the museum table, as evidence of the correctness of my statements. I am, Sir, your obedient servant,

JAMES EVETT.

Kinnerton-street, Jan. 27, 1836.

ERRATUM.—*To the Editor.*—SIR,—I have observed an error of the press in my letter which appeared in the last number of your journal. The last few lines of the second sentence ought to have been as follows:—Because they have not like himself been "*seduced into attendance there,*" and have not gratified by an "*exorbitant fee*" the fraudulent extortionacy of its "*governors or functionaries.*" The words between inverted commas are, as nearly as I can now recollect, those used in the letter to which mine was written as an answer.

I should feel very greatly obliged by your noticing the above defect. I am, Sir, yours obediently,

ROBERT DRUITT.

King's College, Feb. 3rd.

*** The letter we believe was printed as written.

CORRESPONDENTS.

THE session of Parliament having commenced, it is earnestly requested that all communications to Mr. WAKLEY may be addressed to him at his residence, 35, BEDFORD SQUARE.

In a notice of "Andral's Clinique" a short time since, we stated that the price of Dr. Spillan's translation, published by Renshaw, scarcely exceeded that of the original work. The following correction of this observation should have been made in the ensuing number: The French edition is published at forty francs, and is sold in London at forty shillings; the Brussels edition is sold in London at thirty shillings; Dr. Spillan's translation, when complete, will sell at twenty-five shillings, being five shillings less than the foreign edition.

A Non-Professional.—The prevalence of such an "opinion" is news to us. As a matter of *form*, perhaps, the custom *is* abating. Its *uses* are numerous.

One of the Meeting.—The proposal would be right enough, but the parties would, unfortunately, have to struggle against *the law* by its adoption.

A Medical Apprentice.—Conformity with the custom ought not to be rendered compulsory, and then, whenever voluntary compliance is yielded, the terms of a proper agreement would unquestionably be obeyed. Doubtless a change will be made in the law.

We have found it impossible to insert this week the letter of *Mr. Prater*, and in order to give the whole of the St. George's Hospital proceedings at once, we must again defer our report from the board-room of that institution.

We will insert the letters of *A Suffolk Practitioner*, *Mr. Bedingfield*, and *K.*

The letter of *Mr. Carmichael* appeared at page 714 of our number for January 30. The very earliest opportunity was taken for giving it insertion.

We are requested to point attention to an advertisement on the cover of this week's LANCET announcing the first meeting of the

MEDICAL STUDENTS' ASSOCIATION projected at the late meeting at the *Crown and Anchor Tavern*. The fullest opportunity, we are assured, will be afforded on this occasion for making proposals relative to the rules and regulations of the association, to the great body of students who are expected to attend.

Mr. JAMES BAKER (whose letter was not received until a very late hour) wishes us to draw attention to an advertisement on the cover of THE LANCET, containing some particulars of a petition which he has prepared to be presented to the House of Commons, praying for the enactment of a law which shall award a just proportion of remuneration to medical men for devoting their time and services in the elucidation of facts at coroners' inquests.

Mr. SOPWITH, in a reply to the letter of Mr. Way, "must distinctly states that Mr. Way *did not*, at their first interview, *disclaim* any authority as a member of the Committee for the course he was pursuing, but that on Mr. Sopwith's refusal to comply with his request being clearly given, Mr. Way *did use the threat* stated in Mr. Sopwith's last letter, and," Mr. Sopwith adds, "in a tone of voice which was evidently intended to convey *more meaning* than the words expressed. To show Mr. Way," Mr. Sopwith proceeds, "that neither the prospect of exclusion from all future medical meetings, nor the denial of professional aid when needed, would induce me to forget the courtesy due from one gentleman to another, I did bow and thank Mr. Way for the trouble he had taken in calling upon me, but that gentleman was too far led away by his feelings of chagrin at my cool refusal, to distinguish between the motive which induced me *actually* to thank him, and that expression of thanks which is meant to convey a sense of obligation for some real favour conferred. That Mr. Way was much surprised at my referring to his conduct before the whole of his professional brethren, I can readily believe, for, forgetting he had overstepped the line of prudence in his capacity of committee-man, and scarcely expecting that a practitioner of only two months standing in the place, would presume to request an explanation of his conduct before the association, it was very natural for him to be both surprised and annoyed at being called upon unexpectedly to exonerate the body he in part represented, from all participation in his proceedings, and to acknowledge that he had acted upon his own responsibility alone. With such an explanation the members of the Association were of course satisfied, having nothing to do with Mr. Way's private motives or actions as unconnected with them."

Mr. Sopwith's letter is dated Jan. 20th, but we have not before been able to secure room for any portion of it, a circumstance which has caused us regret.

The insertion of several reports and communications is unavoidably postponed for a week.

A Constant Reader of THE LANCET is informed, that he is entitled by law to make the claim in question, but there is no law which enables him to support it.

METEOROLOGICAL REPORT.

(Extract from a Meteorological Journal kept at High Wycombe.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Jan. 11	34.75	21.50	29.03	28.94	0.6625	S.E.	Cold and damp in the early part of the Week.—Lightning on the 11th, commencing at six p.m. General thaw began on the 14th. Very fine on the 16th and 17th.
12	31.50	21.75	29.34	29.16	—	S.W.	
13	36.	23.50	29.65	29.56	—	S.W.	
14	45.50	37.50	29.65	29.44	0.80625	S.W.	
15	38.75	37.50	29.53	29.19	—	N.W.	
16	35.75	23.25	30.	29.55	—	N.W.	
17	39.50	25.	30.08	29.99	—	N.W.	
Jan. 18	38.25	32.50	29.98	29.74	—	S.W.	The week generally dull, with the exception of the 19th, 22nd, and 23rd, which were very fine for the season.
19	35.50	27.50	30.08	29.98	—	E.	
20	39.	34.75	30.02	29.85	0.00625	S.	
21	38.50	27.50	29.63	29.43	—	S.E.	
22	44.50	40.75	29.34	29.28	0.1	S.	
23	49.50	36.	29.55	29.17	0.0875	S.W.	
24	40.	36.	29.86	29.74	0.0125	S.W.	
Jan. 25	44.75	38.	30.13	30.06	—	S.	Early part of the week fine.—Rain on the 28th and remaining days, with snow on the 29th.
26	43.25	35.	29.95	29.85	—	S.	
27	45.	36.	29.82	29.63	—	S.	
28	45.50	36.75	29.53	29.10	0.0625	S.W.	
29	42.50	30.50	29.27	28.72	0.4375	S.	
30	39.	31.50	29.32	28.78	0.1375	N.W.	
31	44.25	35.	29.19	29.97	0.3125	W.	

High Wycombe, Feb. 2nd, 1836. W. JACKSON.